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ART. I.—*Notes on Medical Matters and Medical Men in Paris.* By DAVID W. YANDELL, M.D., of Louisville, Ky.

I begin this letter with sketches of some of the most distinguished Physicians of this metropolis; how it will be concluded will depend upon the topics which may emerge in the next few days. It is not always in the power of a student, even in Paris, to impart that variety to his letters which "the mind of desultory man" enjoys; but, as I take the aim of your readers to be something higher than the simple gratification of taste, I am not without hope that they find an interest in my merely professional details. The mingling of the *utile* with the *dulce* is a feat reserved for the favored few to execute. Most mortals must be content with achieving the first, and happy should they be to feel that they have been useful.

M. Chomel, professor of clinical medicine at the Hôtel Dieu, is in his sixtieth year, though I think if it were not for a stoop

in his shoulders he would not appear so old. The expression of his face is pleasant and determined. His head is round, and not badly proportioned; his eyes are black, shaded by handsome eyebrows; his nose turned up, his mouth small and round, his hair thick and gray. In manner he is considerate to his pupils, kind and conciliatory to his patients. Like the majority of French lecturers, he speaks fluently, rapidly and distinctly. Making usually but few clinical remarks at the bedside, his service cannot be considered interesting, unless his lectures—which during the winter he delivers three times a week in one of the amphitheatres of the hospital—be considered as forming a part of it, when it is at least not wholly devoid of interest, if lacking in that spirit which makes the service of some of his colleagues so attractive.

M. Rostan, also professor of clinical medicine at the Hôtel Dieu, I should say was near the same age as M. Chomel, though he is a younger looking man, of medium height, round body, broad, short, open and agreeable face, good head, medium forehead, thin, grayish hair wanting on top, hazel eyes, small mouth, and common nose. This portrait may not strike you as being very like the engravings that we see of the great American philosopher; but I never was more forcibly impressed with the resemblance between any two faces than when, coming one morning from the Hôtel Dieu where I had seen M. Rostan, I saw an engraving of Dr. Franklin. Rostan is a pleasing and occasionally an animated speaker, clear in his reasoning, and careful in his deductions, and always exhibiting in his remarks, both at the bedside and in the lecture room, the warmest desire to communicate sound, valuable and practical knowledge to the troop of students, native and foreign, who attend his clinics.

M. Andral is a very ordinary looking man, fifty years of age, five feet eight or ten inches in height. His hair is grayish, thin on the crown of a medium sized head, long behind and in front. With a stoop in his carriage, a slim and not very well formed person, a large and long nose, and thick lips, no one would ever point him out as the professor of pathology and

general therapeutics in the *Ecole de Médicine.* His service at *La Charité* is attended by few, in fact by no students, because he does not seem to care about imparting instruction at the bedside. As a lecturer I spoke of him in a former letter.

M. Bouillaud, professor of clinical medicine at La Charité, in many respects is Andral's opposite. His carriage is erect, his head unusually fine, his forehead broad, round, high and full, his eyes dark and animated, overhung by black, thick eyebrows; his hair thin, long, and black, sprinkled here and there with gray; for he, too, is fifty years old. His face is thin and his cheek bones high, his nose large and one of the most expressive features of his countenance. Intellectuality and intensity are the predominant and indelible characteristics of the man. In his bearing towards his patients he is unnecessarily severe and abrupt, and towards his students touchy and ill-tempered. He lectures with great earnestness, fire and grace. His sentences are now round, beautifully turned, ringing and compact, and again, as he becomes engaged in the discussion of his favorite doctrines, or even when presenting some important question, his thoughts flowing as rapidly as lightning, and growing more earnest as he proceeds, they become nervous, and sometimes abrupt, and almost jerking.

M. Louis, one of the physicians at the Hôtel Dieu, is a striking looking, finely formed man, standing six feet in his socks, sixty years of age, with a fair head, high forehead, thin, short, brown hair, broad, thick whiskers, straight, handsome nose, crossed by a pair of spectacles, well shaped mouth, round chin, and blue eyes. He struck me as being a fine looking, sour-tempered man, particularly unkind to his patients, and not especially pleasant to the three or four pupils who follow him.

Of *M. Rayer*, author of an able work on cutaneous diseases, I have already spoken.

M. Cruveilhier is a round, pleasing, amiable looking man, fifty-six or fifty-seven years old, five feet seven or eight inches in height, with regular, handsome features, eyes dark and large, mouth expressive of amiability, hair gray, and small whiskers of corresponding color. His manner to his patients is kind.

As a lecturer he ranks low, probably lower than any other professor in the School of Medicine. His voice is sadly against him, being weak and without either volume or music. He speaks without animation, in a singsong, and dwells long upon what is frequently least important in his subject, often seeming not to seize—as he certainly in many instances fails in developing—the cardinal points of his matter. Very few students attend his lectures; and when they have been, as I may say, spoiled by listening to such speakers as Denonvilliers, Dumas, Trousseau, and others of the same order, I only wonder that any at all have the patience to *endure* him through an hour. I say endure him, because one must have good ears, keep them well open, and sit close to him, in order to hear the fifth part of what he says.

M. Trousseau is an elegant looking, and very handsome man, of fair complexion, long, black hair, which he combs directly back from his face, long Bourbon nose, blue eyes somewhat sunk in his head, which is of medium size. He wears broad, thick, half-whiskers. He is an orator. Clear, earnest and graceful, with a fine voice, person and eye, he at first commands the attention of his auditory, and then fixes it by the attractive manner in which he presents the well digested matter of his numerously attended and instructive lectures. M. Trousseau is not yet quite forty-seven years of age, and is, as you know, professor of therapeutics and materia medica in the School of Medicine.

M. Piorry, professor of internal pathology in the School of Medicine, is about fifty-three years old. He is a tall, round-shouldered man, with a long face, long nose, wide mouth, thin lips, small black eyes, and immense black whiskers. He speaks well, that is to say, as well as a man without grace of manner or person, or flexibility of voice, can speak. His style is earnest, and could he throw a little grace into his gesticulations, and give the least possible softness to his voice, he would please much more than he does. The expression of his face, like the tones of his voice, is *hard*, and not intellectual, but firm, unbending and determined—in a word, indicative of the

character of the man. Laborious and persevering, no task and no number of defeats deters him from the pursuit of his hopes. He said, while a young and unknown physician, "I will one day fill a chair in the School of Medicine." Five unsuccessful *concours*, so far from disheartening him, seemed to inspire him with new and greater determination, and at the sixth, triumphing over every obstacle, he demonstrated in too unmistakeable terms his capacity, and was raised to the chair which he now occupies. His eye is sharp and penetrating, and with his head slightly sunk between his broad shoulders, his huge whiskers, and his stony voice, he strikes one, after all—at least he did me—as being by nature better fitted for a commander of infantry than a teacher of medicine.

M. Dubois, professor in the faculty, (*Clinique d'Accouchement à l'Hôpital de la Faculté*,) is about the age of M. Piorry. He is not so tall, and is the mildest, most amiable, benevolent and harmless looking man imaginable. His complexion is fresh; his hair, wanting on the crown, is brown, and thin on the sides; his nose is long, his chin long and round, and his eyes blue. There is a singular depression about the center of his head, seeming as if produced by some sharp-edged heavy body, which had pressed gradually upon the middle of the parietal bones and raised up the frontal and posterior portion of the cranium. As a lecturer, he is pleasant, popular and practical.

These are unfinished and defective portraits—copied from my note-book—of some of the principal Parisian physicians. In all cases I have given my opinions candidly and my impressions fully. I have spoken and will only speak of the different gentlemen as they appeared to me in the wards and amphitheatres of the hospitals, and in the halls of the School of Medicine. And now, after having, with probably as unprejudiced a mind as one could well possess, followed in their visits and attended some of the lectures of the greater part of the men to whom I have alluded, my opinion is, that Bouillaud, of La Charité, is the greatest man of them all; and if to his other qualities he joined the kindliness of manner to the

patients entrusted to his care possessed by Dr. Norris, of Philadelphia, I should say that he was my choice of all the physicians I have ever seen. I do not here speak of his doctrines, as I do not intend speaking of those of any of the others; but I wish to be understood as alluding especially to his powers as a diagnostician.

Chomel seems to me to belong to the bygone generation. He is at best but an ordinary man, and owes the professional position which he occupies as much to his kindliness of manner to his patients and his pupils, aided by other circumstances, as to any particular strength of mind or fund of knowledge.

Rostan, as a teacher at the bedside, is without an equal in Paris; but he has occasionally wandered from the austere and rugged paths of science, and worshiped at other than her altars, and, as is inevitably the consequence, except in men of the highest order of mind—and in some cases even with them—although endowed with a fair share of talents, and of very popular manners, he has halted this side the great goal, and will never be canonized.

Andral belongs to no common order of men; but there is ever an uncertainty in his mind as to his diagnosis—a laboring after something which he does not reach—a timidity in the formation of his opinions, and a hesitancy in their expression, which deters one from forming that estimate of him which we might otherwise be disposed to do.

Cruveilhier, while considerate to his patients, is a better anatomist than physician.

Rayer, with all his cumbrousness of person, is unquestionably the possessor of a clear, far-seeing, bold and discriminating mind. His wards usually abound in interesting cases, but from his making so few remarks his visits are comparatively profitless to the student.

Louis is not the great man in Paris that he is in the United States; but divesting the mind of the opinion entertained of him in either place, is he a great physician? I answer unhesitatingly in the negative, to this question. As we all have our own ideas of a good lecturer, so we have them of a great

physician. To be a great physician, a man must not only be able to arrive at a diagnosis, but must be able to do so quickly; he must not only be able to ask questions of the patient which will put him upon the desired track, but he must do it and not confound the person with a long, tedious and useless catechising; and above all things else, his diagnosis made, and his prognosis given, the autopsy—if the disease terminate fatally—must support the one, and the result of the case confirm the other. Louis can make a diagnosis, but it is always after a long examination of the disease, and useless questions to the patient; and too often, as any one who has followed him in his visits can testify, has his diagnosis been contradicted at the autopsy, which at last, in most cases, is the only true and legitimate method of ascertaining the capacities of the physician, and the accuracy and value of his knowledge.

I look upon Andral as superior to Louis; Rayer as superior to Andral; and Bouillaud as superior to them all. There is a cast about the mind of Bouillaud which in our eyes is to be preferred to that of any of the others. Bold, vigorous, quick and acute, he is endowed with perceptive powers to an unusual extent. Original and well disciplined, he generalizes and classifies with rapidity and correctness; discriminating, he readily detects error, and, fearless, he independently exposes it. His powers of generalization, backed by a strong disposition to exercise them, have undoubtedly led him to advance principles which many of his brethren deem untenable. The quickness of his perception conveys him with astonishing celerity to the core of a subject, and he is vexed because others, less fortunate in this particular endowment, still traverse with slow and measured steps what he has passed at a single bound. Bouillaud's diagnosis made, he reveals it on the spot. Louis, as a general rule, although doubtless in the majority of cases he has arrived in his own mind at the diagnosis of the disease, does not avow it, and it is sometimes four or five days before he allows it to leak out. It would be folly to question Louis's knowledge of the physical signs of disease, but the want of powers of combination, which we suppose no unprejudiced

man will claim for him, cripples him in his deductions, biases him in his opinions, creates distrust of them in his own mind, and inspires an unpleasant doubt of their correctness in the minds of those who follow him in his visits. Bouillaud, it may be said, is over-confident. The rapidity with which he diagnoses would at first lead one to this opinion; but then, if one will take the trouble to eliminate gradually what he has probably deduced on the instant, he will find in the majority of instances that Bouillaud has reason to be confident, because he has arrived at the truth. Bouillaud is irritable—he belongs to the *genus irritabile;* Louis is irritable, without being able to establish any claims to membership in the same class.

Cerebral Affections.—M. Rostan is in the habit, every year, of devoting a few clinical lectures to the special illustration of diseases of the brain, in which department of science, as you are aware, he has done more than any living physician. In one of his late lectures he examined the value of paralysis as a diagnostic sign. His remarks may be summed up as follows:

Paralysis is one of the most striking and unerring signs which can exist to mark the seat of cerebral lesions. It should be studied in its seat, extent, intensity, march, duration, and in all the different circumstances which may impart to it different characters. The seat of the paralysis indicates, in the first place, the part of the brain where we find the organic alteration; but much is required to be able, after that, to determine precisely in every case the extent of this alteration. If a circumscribed paralysis corresponds to a circumscribed cerebral alteration, it is possible that this paralysis, occupying both the arm and leg of the same side, may be produced by a simple lesion of small extent, situated upon the confines of those portions of the brain which preside over the movements of the two members, and act equally upon the one and the other. In the appreciation of the extent of the lesion, you must take into account also the intensity of the paralysis; but you must not think that in this respect the relations are mathematical; for an organic lesion of circumscribed extent may produce a

very complete paralysis, as, on the other hand, an extensive lesion may give rise to a paralysis so slight, that one may even in some degree doubt whether there really exists any anatomical disorder or change. When I first discovered *ramollissement* of the brain, I feared that it would not be possible, during life, to distinguish this from other alterations of that organ—that, occupying the same situation, it would manifest itself by the same phenomena.

But the mode of invasion, the march of the disease, will not be the same as those, for example, of cerebral hemorrhage. They differ in effect; whence the necessity of bearing in mind the march of the affection. If the paralysis is sudden and without precursory phenomena, it is extravasation of blood—cerebral hemorrhage—that you should suspect in the great majority of cases, remembering at all times that there are exceptions to the rule. Thus in certain cases of *ramollissement*, while the lesion is not very extensive, it may produce no sensible trouble; but the day comes when its volume is such that suddenly the phenomena appear with fearful rapidity. This is the drop of water which overruns the vase. The analogy is true. As there are *ramollissements* without precursory phenomena, so these phenomena may occasionally precede the congestion or cerebral hemorrhage.

After examination of the seat and the extent and precursory phenomena, you must look at the march of the affection. A paralysis declares itself, and augments day by day; suddenly there may supervene a diminution of the symptoms, a passing amelioration, and this is a circumstance which may lead you into error; for paralysis, even when increasing, has not always a regular march. Under the influence of a sanguine emission, the compression of the pulp may momentarily cease, and consequently the paralysis diminish. This now explains how there may be greater or less alteration in the intensity of paralysis. The paralysis which succeeds cerebral hemorrhage may disappear or persist, according to the manner in which the effusion is made. When the blood has simply separated the cerebral fibres, you can easily understand that in the pro-

portion and measure of its absorption the phenomena of paralysis will disappear; when it has destroyed the cerebral fibres, then the power of motion is wholly lost, and it is in vain that you employ electricity, nux vomica, blisters, etc.

I remember two curious cases of paralysis analogous to some of which you have perhaps read. One was a subject who had been paralytic for many years; he could not walk; his house took fire; he sprang from his bed, walked alone to escape being burned, and was cured. A hemiplegic woman was received at Salpêtrière. Some of her acquaintances put her in communication with a miracle-worker, Prince Hoenlohë. Prayers were said for nine days; at the end of the time predicted by the prince, the patient was cured, having recovered her movements. This case made so much noise that the governors of the hospitals believed it their duty to institute an inquiry, and they asked me my opinion. My reply was simple, and destroyed all the marvelousness of the miracle. In the first place, it is possible that a moral cause might act upon the brain like the blow of a club upon the shoulder, and that there may not have been a material destruction of the encephalic substance. In other cases there have been hemorrhages, effusion between the cerebral fibres; the effusion is absorbed, and motion does not return, simply because the patient has lost the habit of exercising his limb. Let a cause, it makes no difference what, compel this movement, and the patient is cured. With this woman two things were possible: either that she was in this last condition, and the persuasion that she would be cured had actually given her this movement; or, what is also supposable, she had simulated paralysis in order to enter the hospital, and not finding it quite as agreeable a place as she supposed it would be, became weary of her situation and resolved to change it.

From the nature of the lesion by which it has been produced, it follows that paralysis terminates by recovery, or increases, or remains stationary, and that the treatment should be directed not against the paralysis itself, which is but a symptom, but against the lesion which has given rise to it.

Etherization in Meningitis.—M. Besseron, physician of the hospital of the mustapha, in Algeria, addressed a note to the Academy of Sciences upon the employment of etherization in the treatment of cerebro-spinal meningitis. This agent appears to have produced some good results in this affection. M. Besseron has observed that in patients thus treated, there is at first a little exaltation, soon followed by a sedation, of which the effects have been advantageous.

Structure of the Brain.—M. Pappenheim sent a paper to the Academy of Sciences upon the structure of the nervous centers. He has endeavored to penetrate the profound mechanism of the structure of the encephalon. The general conclusion of his memoir is, that the encephalon is composed of plates or lamellæ—an external, a middle and an internal plate. The nervous trunks arise only in the middle lamella. This disposition does not exist in all parts of the brain; when it does not exist, the nervous trunks arise from two lamellæ at once; but whenever there are three, they arise only from the middle.

Luxation of the Elbow.—There is an example of this luxation in our wards, said Professor Roux a short time since, which affords me an opportunity of offering you some remarks upon the nature of this lesion. The nature of the case was not recognised by the physician who was first called in. You have never known me, he remarked, especially at the bedside, accuse a professional brother of having committed an error; the blame, always out of place, will often be unmerited when it concerns a traumatic affection of the elbow. The articulation is studded with osseous projections which cannot be felt, or which may be confounded the one with another, because of swelling, particularly in women, and still more among children, when they are but slightly disclosed. Our best surgical treatises are, moreover, as regards the diagnosis of these luxations, indefinite and unsatisfactory. For example, they tell you that in the displacements backwards the forearm is

always flexed, and that this flexion, with the projection of the olecranon behind, will constitute the two essential characters of the lesion. Now, very often the position of the limb is nearer that of extension than flexion, and in trusting to the pretended constancy of this sign you will be led into error of diagnosis. The displacement is overlooked, especially in children and women, where the osseous projections, as we have said, and the muscles are less clearly defined beneath a tumefaction which, although varying in degree in different cases, is always present. It requires sometimes long practice to avoid this mistake. I have seen ten or twelve dislocations of the elbow thus overlooked, or, to speak more plainly, misunderstood, and left for a long time without any attempts being made to reduce them. It is a fortunate circumstance that after many weeks, and even after many months, we may still very often succeed in reducing them. If we fail to do so, the motion of the joint is in a great degree lost, and the limb remains permanently extended just as if it were composed of one piece.

I will cite you to a case of success: I choose it among those that I have myself observed, because, apart from the pathological interest which attaches to it, there is something of romance connected with it. It was twelve years since, in a foreign country. I was at Milan, having just returned from Pavia, (where, I may remark in passing, I saw the head of Scarpa macerating, unhonored, among other anatomical specimens in a tub.) On my return from this excursion, I found some gendarmes awaiting me at my hotel. At that time recent troubles prompted stringent measures of precaution concerning travelers. For a moment I was a little alarmed. The commandant of the detachment advanced towards me, announcing as he approached that he came to consult me about his son. As you may imagine, I was instantly relieved. His son, who was in the Austrian cavalry, had about five months before fallen from his horse and dislocated his elbow. The nature of the lesion escaped the first physicians who were called in. Panezza, and the successor of Scarpa, to whom the

patient afterwards presented himself, said they had seen the luxation too late, and made no attempt to reduce it. I examined the elbow; the displacement was evident; there was scarcely the least mobility between the bones. I told the father of the patient that I had often reduced ancient luxations, but none had been in a state similar to this; that I was desirous of attempting it, however, without warranting success: that at any rate there was no danger from prudently directed efforts. I employed a number of robust men in extension and counter-extension, and succeeded. I have seen since many similar examples of success.

Carried too far, these attempts at reduction may produce serious accidents. Unnatural adhesions may be formed, and I only wonder that we do not more frequently fail. I myself have never observed any other accidents here than the fracture of the olecranon; it occurred at the moment when the flexion of the forearm completed the reduction. There was no laceration of the integuments, nor any other unpleasant consequences; but the joint regained its mobility only very incompletely; extension remained limited, which, however, offered less inconvenience than if the limit of motion had been in the opposite direction.

Fractures of the elbow also present great difficulty of diagnosis. It is often hard to pronounce upon the seat, direction, and sometimes even upon the existence of a solution of continuity of the bone. This is easily understood: the least derangement in a machine—the breaking of one of its wheels, the bending of one of its teeth—and its movements are clogged; the apparatus stops. The same is the case with the articulations, and especially with those that are unequal, as of the elbow. We feel that it is not always an easy matter to perceive the spoke of the wheel which has suffered, and the exact alteration which it has experienced. We must be careful in the diagnosis and reserved in the prognosis, remembering that simple contusions of the elbow, especially among children, may lead to anchylosis. If in practice credit has sometimes been given us for cures in which nature has largely contri-

uted to success; more often still have reverses been laid at our door for which the gravity of the lesion alone was responsible. One of my best pupils and one of our most distinguished provincial surgeons, M. Fleury, Jr., had given the most assiduous and enlightened care to a fracture of the elbow; pronation and extension unfortunately remained embarrassed, and it was impossible for me to persuade the patient that it was not the fault of the surgeon. You must not be too sensitive, but prepare yourselves for similar reproaches, which the most able have received before you.

Sarcocele.—We are going presently to operate, continued M. Roux, for a sarcocele; but before doing so, I wish to say a few words concerning the complication, or, more correctly, the coincidence of hydrocele with cancer of the testicle, for this dropsy may be the source of a singular error of diagnosis. The serous effusion may disguise the alteration of the gland; an optical illusion may induce the belief that the serosity is greater than it really is, and the solid tumor less voluminous. A thin layer of any limpid effusion gives a transparency out of proportion with the small quantity of the liquid, and diminishes to the same extent the mass of the testicular tumor. The transparency, which is the sign, *par excellence*, of hydrocele, may then be deceptive in masking, by the exaggeration of its own extent, a tumor or degeneration of the organ. This is a very curious effect of a small quantity of clear liquid uniformly distributed around an opaque mass. You may give yourselves an idea of it by looking at one of your hands held between you and a bright light; it appears of a general transparency, while nothing indicates the position of those parts impervious to the light, the phalanges and bones. In sarcohydrocele this illusion is extremely apt to mislead. I will relate to you the first example that I ever saw of this fallacious phenomenon. A surgeon of Orleans—one of my cherished pupils, M. Lévêque, whose thigh I was obliged to amputate, and whom science lost twelve years after—sent me the patient. The mother of the man having been successfully operated

on by M. Boyer for a cancer of the breast, naturally had the desire, in which I participated, to have the advice of that able surgeon. M. Boyer examined him, and, deceived by the illusive appearances which I mentioned, decided upon the spot that it was nothing more than a hydrocele, expressing his astonishment that any one should have sent the patient all the way to Paris for so simple an affection. M. Boyer had only been struck by the transparency, the semiological value of which he had done a good deal towards establishing, and not by the antecedents, nor the weight of the tumor. As he was somewhat of a talker with his patients, he said to this one that he was very fortunate in having only a hydrocele, for sarcocele was almost always reproduced after the operation. Some days after, I was thoroughly convinced that it was a sarcocele, and so expressed myself. The patient, placed thus between two conflicting opinions, called a consultation, and the cancerous nature of the tumor was recognised. An exploring puncture gave issue to only three spoonsfull of serum. This small quantity of liquid had sufficed to produce this general transparency, by which my venerable master had allowed himself to be imposed upon. Castration was performed, and the patient is living to this day. By an extraordinary chance I operated during the same year for three sarcoceles, which have not reappeared. If relapse is to be feared in such cases, we should not exaggerate the danger.

In the patient who is the subject of this lecture, there is not the slightest uncertainty. The disease commenced fifteen or twenty months ago; a hydrocele would have attained a greater volume in the same length of time; the size being equal, it would be a little less heavy; the finger, in depressing the parts, arrives upon a solid mass which evidently forms almost the whole of the tumor. A puncture previous to operating moreover will dispel any uncertainty. The cord is healthy, and there is no appreciable lymphatic engorgement in the abdomen. This is, except a light effusion, sarcocele in all its simplicity. The operation will offer then the same character. In this there is but one peculiarity to watch—that is, the ten-

dency of the mouths of the external pudic to retraction if they are not tied as soon as exposed; and if afterwards one is unable to ligate them, there will be great danger of secondary hemorrhage.

A puncture gave issue to a spoonful or two of serum. The patient was etherized with success. A vertical incision was made in the integuments, the tumor stripped, the cord isolated, seized and divided; a dry cloth was first applied upon the wound without cerate, then some rolls of lint, long compresses, and finally the inguinal bandage. The testicular substance was indurated and scirrhous, and the epididymis offered masses of tuberculous matter.

Thirty years ago, when surgeons did not fully appreciate the assistance that might be derived, in the diagnosis of hydrocele, from the transparency, the affection was very often mistaken and treated accordingly—that is to say, by castration. Pott, of England, and J. L. Petit both frankly confessed this fault, which I myself committed twice at Beaujon hospital in the commencement of my practice.

I remember another example of this mistake, of which a distinguished surgeon was the author, but fortunately failed being the victim. It was the surgeon himself who was affected with a scrotal tumor. He believed it to be a sarcocele, and, as you may suppose, it made a profound and disheartening impression upon him. What contributed to confirm him in the conviction that his tumor was of a cancerous nature, was the irregular manner of its growth, which had been, so to speak, by jerks, and the sharp pains that he felt or imagined he felt in it. He had diagnosed and operated for more than three hundred hydroceles, and he knew not how to recognise his own. He made up his mind and resigned himself to the operation. He desired that I should perform it. At first sight, before endeavoring to discover the transparency, and notwithstanding the weight of the tumor, I thought of a hydrocele. The transparency was perfect.

This transparency is an admirable sign, and I would that I knew who discovered it, in order that I might return him

thanks for the important service he rendered to humanity. But you must not look upon this as an infallible sign and never deceptive. We have seen, on the contrary, in the case of hydrocele, that in becoming exaggerated by the limpidity of the effusion, it augments to the eye of the observer this effusion, at the expense of the solid part of the tumor, and may thus lead you to take a sarco-hydrocele for a hydrocele. You know, moreover, that the opaque nature of the liquid or the thickness of its coverings may render it completely null; so that its absence does not indicate more surely the absence of hydrocele than its existence does that of the same affection. But these exceptions are so rare, that transparency is one of the best elements of diagnosis possessed by the surgeon.

To return to our patient, I will complete in two words his history, in saying that I could not induce him to believe that he had a simple hydrocele until he saw the liquid escaping by the canula. I threw up the vinous injection, and he recovered and lived many years.

The case on which we are going to operate today in the same manner, is a type of the affection of which it presents all the characters very clearly expressed.

M. Roux, after making two vinous injections, as is his custom, proceeded to speak of

Venereal Testicle.—Among the consecutive symptoms of syphilis, one of the most remarkable, without doubt, is the venereal testicle. In the first place, it is one of those which, exceptionally to the rule, is developed in the neighborhood of the seat of the primitive symptoms. The ancients have left us but little concerning this affection, and what still offers the greatest difficulty today is the diagnosis. Nevertheless, we may sometimes recognise it at first sight, as we have done in the patient who is the subject of these reflections. In fact, the tumor has in general a very important exterior character. —which has been signalized by the English, and which I have noticed in my *Voyage à Londres*—which is its pear shape, with the base below, so that the tumor seems to encroach upon the cord or to be continued with it by a kind of stem or stalk. It

this form is not constant, it is very frequent. It is as rare that tubercles and hypertrophy of the testicle affect the two sides, as it is common for syphilitic engorgement to do so. It is equally almost without example that sarcocele is observed simultaneously or successively on the right and left sides. It is the same in cancer of the breast in the female, and I have not seen this manifest itself on both sides more than five or six times. It is a very curious thing that this degeneration does not attack both the organs except in the case of diathesis. For the venereal and cancerous testicle there is an excellent touchstone, which is mercurial frictions; they rapidly cure the one and aggravate the other.

Fifteen years ago, a man from the country presented himself to me with a very voluminous testicle. I diagnosed a sarcocele, and declared the operation to be urgent. Before deciding to submit to it, the patient went to get the advice of another surgeon, and committed the fault of telling him my opinion. This confrere cheered up the patient by telling him that he only had a venereal testicle, which he would promise to cure by mercurial frictions. He tried them; the pain as well as the volume of the tumor was augmented, and in the course of six weeks the sarcocele had become but too incontestible, and it was necessary to perform the operation, the chances of success in which had greatly diminished.

As to our patient, he had three months ago a gonorrhea and chancres, which were badly treated, especially the chancres; and this is the worst of all the venereal symptoms—that which exposes most to consecutive symptoms. The tumor is pyriform, etc.; in a word, the sympathetic nature of the engorgement of the testicle is manifest, and in a little time the mercurial frictions will do justice to it. Professor Roux then went on to speak of

Superficial Gangrene.—Four cases of superficial gangrene at the surface of surgical wounds have occurred in our wards within a short time past, which I may as well recall to your minds by a few very brief remarks.

1. A woman whose breast had been removed. The wound

was in full suppuration, when an eschar formed at the surface, to be detached, in almost a single piece, at the end of four or five days, from which time recovery was in nowise retarded.

2. Same accident in another woman who had undergone a similar operation. This one died.

3. A young man had a phlegmon at the groin, following an adenitis, which I opened with the bistoury. Same complication; application of the actual cautery; recovery.

4. The last case is that of a man who had been operated upon for a voluminous sarcocele. After a light chill, the wound assumed a black tint, as if an extremely thin eschar covered its surface. The patient grew no feebler, but the condition of the wound did not amend notwithstanding the treatment pursued. Among the applications to which I had recourse, I will cite the concentrated solution of nitrate of silver, the employment of which was suggested by an ancient *interne* of this hospital, who now practices with distinction in one of the provinces. He recalled to me in his letter a circumstance that I had forgotten, and which you will not regret knowing. In consequence of the removal of one of the tonsils, this physician, then a student, had such abundant and repeated hemorrhages that they inspired serious fears, and demanded the application of ice, and finally of the actual cautery. This is a very rare case; it would perhaps be impossible for me to cite a second example in my practice. Scarcely escaped from the hemorrhage, his life was again endangered, this time by the very means that had saved it, namely, the refrigerants. A pneumonia was developed, which seemed for a time about to carry him off.

This physician writes me that he believes he has found the means of preventing phlebitis and purulent infection from wounds, in cauterizing with the concentrated solution of nitrate of silver; that this caustic, crisping the orifice of the vessels, opposes the absortion of pus. Whatever may be the theory, this new therapeutic agent was presented as resting upon three cases of complete success; and I have tried it, but must declare that, far from being able to praise it, I am ra-

ther induced to think that it augments the gangrenous state of the wound. True, it may have failed in this case, and nevertheless fulfil the indications claimed for it.

Be this as it may, these four patients were etherized. I ask if this superficial gangrene of the wounds, which did not have, —at least, did not appear to me to have—the aspect of hospital gangrene, was altogether independent of the use of the ether? I had made up my mind as regards this question, but still it seemed to merit being considered. This is an accident so exceptional, that it is difficult to admit in its development the intervention of this new agent, now so universally employed, and which moreover will retain its place in the practice of surgery. In extenuation or exculpation of the ether, I may mention to you a singular case of gangrene manifesting itself, without any appreciable cause, in the groin, after an operation for strangulated hernia performed by M. Blandin. Etherization had not been employed, and yet gangrene of the wound arose and progressed to considerable extent. So far. this gangrene, in operations under the influence of ether, has only been observed in the Hotel Dieu.

On the 28th of June, M. Andral read to the Academy of Sciences the following paper

On the State of the Blood in a Case of Scurvy.—While Messrs. Becquerel and Rodier were collecting the materials for a memoir which they communicated to the Academy, on the state of the blood in scurvy, I observed at La Charité, in April last, an analogous fact, which also tends to establish, contrary to what has been clearly proved, in more than one case, that scurvy may manifest its existence, by the best marked and gravest symptoms, without the blood showing any alteration, either as to its aspect or the proportion of its fibrine. The case to which I am about to call the attention of the Academy relates to a man sixty-one years of age. who for many years has been progressively growing feebler. and who at the time of his entrance into the hospital present

ed all the symptoms of a scurvy already far advanced. Numerous petechiæ and large ecchymoses were scattered over the members and trunk. Blood flowed almost continually from the nostrils, and it was easily pressed from the gums. The patient, of a waxen yellow hue, was in a state of extreme debility; upon the slightest movement, his respiration became much embarrassed, his heart beat violently, he felt excessively giddy, and was menaced with syncope; he could scarcely take a few steps without being upon the point of losing his consciousness. He had extreme repugnance to aliments, and the little food that he was able to take was very painfully digested. The pulse was ordinarily at 68. One day the patient was found with a hot skin, frequent pulse, dry tongue, and an oppression such that he seemed to be threatened with death from suffocation; he had an almost incessant cough. Auscultation and percussion could be but imperfectly practiced; a strong congestion of the lungs and bronchi was developed, and, seeing the manifest feeble reaction which existed, there was a chance of relieving the patient by drawing from him a little blood. A small bleeding was accordingly practiced, and was followed by a momentary amendment of the symptoms; the respiration especially becoming immediately less embarrassed.

This blood I examined. I was prepared to find it diffluent and dissolved; but, to my great astonishment, it was not so. It was in fact constituted by a small clot, dense and resisting as the clot of the phlegmasiæ; this clot was covered by a perfectly characteristic coat; it was besides of a very small volume, and remained as if suspended in the midst of a great quantity of serum. In its aspect, this blood in no respect resembled that ordinarily taken from scorbutics. It had, on the contrary, the aspect that I have often found in the blood of chlorotics. This aspect is very well explained by the results furnished by the analysis of the blood which was made by M. Favre.

1,000 parts of this blood gave of

Fibrine	4·420
Globules	44·400
Solid materials of the serum	76·554
Water	874·626
	1,000·000

This blood, in its composition, resembled that of chlorotics, both in the great diminution of its globules and the large proportion of water that it contained. And yet the patient to whom it belonged had certainly presented other symptoms than those of a simple chlorosis. The petechiæ and the echymoses with which the skin was covered are never met with in this disease; we may even say that nothing is more rare than to observe hemorrhage in chlorotics. As to the fibrine, far from being less abundant than in healthy blood, it was, on the contrary, raised above its physiological mean. This result is totally different from that which was furnished me by the analysis of the blood of another scorbutic, (of which the observation is published in the *Traité d'Hématologie Médicale*,) in which I found the globules in almost their normal proportions, and the fibrine, on the contrary, diminished. I have also found very little fibrine (about ·001) in the blood of a patient laboring under purpura hemorrhagica.

The fact which I have reported, and which is confirmative of the cases recently communicated to the academy by Messrs. Becquerel and Rodier, demonstrates that the symptoms which ordinarily characterize scurvy, may be produced without necessarily being accompanied by a diminution of the fibrine of the blood. It is not now in this diminution that we must place the proximate cause of scurvy, nor is it any more by it that we may hope to explain many of the symptoms of this disease. and in particular the numerous hemorrhages which constantly coincide with and characterize it.

In this connection, and in many others, perhaps, we may compare scurvy with typhoid fever. In the latter, the fibrine of the blood is in fact very frequently brought below its normal figure, but this is not essential to the existence of the disease. Observation authorizes us merely to lay down

the principle, that in typhoid fever the fibrine diminishes in proportion as the dynamic form of the disease becomes more distinct. This is what also equally occurs in the eruptive fevers, in such a manner that in these various cases the diminution of the fibrine should not be considered as one of the necessary elements of the disease, but only as one of the possible and more or less frequent effects of the cause itself which has created it, and which exercises its influence equally upon the vital forces, which it tends to depress; upon the nervous system, where it gives rise to profound perturbation; and upon the blood, in which it tends to effect an alteration of composition, the reverse of that which occurs in the inflammatory state. The same thing appears to me to transpire in scurvy. Like typhoid fever, scurvy may be developed without the blood having previously degenerated in its fibrine. Consequently, in scurvy as in typhoid fever, the diminution of the fibrine of the blood will be neither a constant nor a necessary alteration; it will be but an effect—a result of anterior morbid modifications—a result which is produced more or less frequently according to the gravity, duration, etc. of the disease. Is it to this diminution of the fibrine of the blood that we should attribute the hemorrhages of scurvy? No doubt that these hemorrhages, which, like those of typhus, multiply and repeat themselves upon a great number of points of the economy, do show themselves especially in the cases where the blood is itself become poorer in fibrine than in the physiological condition.

But these two facts seem to me to have only the simple connection of coincidence. Both, without doubt, are most often produced by the intervention of a common cause; both are the manifestation of the action of this cause. But one of these facts, that of the diminution of the fibrine, does not appear to me to engender the other. The aberration that I have signalized, does it not in fact show us a case of scurvy where remarkable hemorrhages were produced, while the blood had not become poorer in its fibrine? Is it, moreover, very easy to comprehend theoretically how a diminution of quantity oc-

curring in the fibrine of the blood, may induce a flow of this liquid from its vessels? Will it diminish the diameter of the globules, and may they traverse more easily the coats of the vessels? Shall it be admitted that this passage can be favored by an antecedent hyperemia, when after violent distensions of the vessels which are produced in phlegmasial congestion, this effect never occurs, and the globules never under such circumstances escape from their vessels, except in case of rupture of their parietes?

This opinion, revived in our time—one which I myself sustained—which made the hemorrhages of scurvy, like those of the grave fevers, depend upon the state of dissolution of the blood, was especially current at an epoch when it was supposed, that the dissolution of the blood was due to the destruction of its globules. But this destruction, held to exist by Huxham and so many others, is a pure hypothesis. Repeatedly in cases where the blood presented different degrees of this state of dissolution, so often described and so variously interpreted, I have examined this liquid under the microscope, and I always found the globules with their ordinary appearance, and perfectly intact. I have also often examined, in similar circumstances, the blood of hemorrhages, and I have invariably found the globules possessed of their physiological qualities. This being the case, I repeat it, one cannot understand how the simple fact of the diminution of the fibrine could render the escape of the globules from the circulatory channels more easy. From this it must not be concluded that, although there has been a very frequent and remarkable coincidence between the diminution of the fibrine of the blood and the production of hemorrhages, the first of these is the cause of the second, and that they may not exist independently of each other.

In the scorbutic who furnished me these reflections, not only had the blood not lost its fibrine, as in some of the facts cited by Messrs. Becquerel and Rodier, but was elevated in this respect above its physiological standard. In accounting for this, it must not be forgotten that at the moment when vene-

section was practiced, symptoms of acute disease of the respiratory apparatus, with strong febrile action, were observed in our patient. It is to this circumstance that I believe myself able to attribute the existence of almost four and a half parts of fibrine in a thousand of his blood. Besides, a few days after the bleeding was practiced, and apparently by its influence, all febrile movements disappeared; and when, at a later period, we were able to examine the organ, we found no trace of this inflammatory action. While the blood at least two weeks before death had lost none of its fibrine, the spleen was very soft and reduced to a pulp; so that here is a circumstance where an alteration which is more commonly attendant on a state of dissolution of the blood, has shown itself without it. The lungs, which were violently congested, and filled here and there with apoplectic nuclei, presented a striking contrast, by their brown color, to the extreme paleness of the liver and kidneys.

To sum up: This fact proves that a well marked scurvy, already at an advanced stage, can exist without the blood presenting that state of dissolution which is commonly looked upon as attendant upon this disease, and without there being any diminution of the fibrine of the blood. Further observations will serve, perhaps, to account for this exceptional, though not unprecedented fact. From the fact that it is in opposition to the generally admitted opinion, and that it calls for a new examination, I have deemed it important to call the attention of pathologists to it.

Paris, July, 1847.

ART. II.—*Typhus or Ship-Fever at Bellevue Hospital, New York.* By B. F. WENDEL, M.D., one of the Assistant Physicians.

This disease, as occurring here, is intimately associated with immigration and famine, most of our cases being presented in the persons of those recently arrived from starving countries. You have but a faint conception of the actual state of the paupers arriving in this city. Many of the immigrants have assured me that during the voyage they went without bread for several days, and without water for as long a time; and that often half a dozen men, women and children were crowded into a room scarcely large enough for one. But their looks bespeak the condition in which they have lived. Those who are not attacked on shipboard, being mostly poor people, on arriving go into the most confined and crowded parts of the city, where they run into all manner of excesses, and soon the latent disease is developed in them.

Symptoms.—Most of our patients are brought to the hospital after the disease is fully developed, but in those who come in early, or before the attack, the premonitory symptoms are in some cases quite severe. Sometimes a day or two previous to the attack there is nothing more than a general *malaise*, an inaptness for everything either physical or mental, weakness and wandering pains in the limbs and head, and more or less throughout the body, a deficiency in the secretions of the skin and kidneys, and a sluggish state of the bowels. In other instances the attack is exceedingly sudden, (in one case which fell under my charge, the attack was so sudden, and the headache so severe, that the patient's friends took it to be a sunstroke,) being preceded by an intense headache. In other cases, nausea and vomiting usher in the disease.

Such are some of the modes of attack. For the first few days, in such cases as the above, the tongue is pretty heavily coated, and but slightly moist; the skin is hot and dry, and the pulse full, frequent and compressible. Added to these is a dull and heavy pain in the head, or, as the patients express

it, a sensation as if the head would burst; and just in this condition it is that obstinate epistaxis is apt to occur. Soon this stage passes into that in which most of our patients arrive at the hospital.

The skin now becomes dusky, the eyes congested and protruding, or seemingly insensible, the pain in the head abates or continues, and a wild delirium, or one of a low and muttering character, comes on; the patient lies unconscious of what is passing around him; the tongue is like a piece of crisped meat; in many cases there is inability to void urine, the secretion of which is sometimes suspended. In one case, although the man had not made water for a day and a half, on introducing the catheter, the bladder was found almost empty. The bowels are either costive or the reverse, one condition being about as frequent as the other; the pulse is feeble and frequent, and the patient lies nearly unconscious and unable to give an intelligible answer to your questions.

In this stage also the hearing is greatly affected, so much so that you cannot make the patient understand what you say; and with it there is inability to protrude the tongue. As this stage progresses, the tongue remains dry and parched, the skin seems scaly, the breathing becomes more hurried, the sordes increase, and the pulse grows more feeble and irregular, until death closes the scene. But should the disease take a favorable turn, it is indicated by a return of moisture to the skin and tongue, a gradual disappearance of the sordes from the teeth, and a pulse of more force and regularity.

Complications and Sequences.—Diarrhea and dysentery either complicate or follow the fever, but more frequently the latter is the case. Parotitis and suppuration of the parotid is not uncommon, both during the course of and succeeding to the disease. Œdema of the lower extremities follows most of the cases of fever, and often the feet and legs are enormously swollen. Erysipelas is common after fever, generally affecting the scalp and face, though it is apt to attack any abraded surface.

Pathological Appearances.—In the autopsy of some twenty-five cases which fell under my notice, the organs chiefly affected were, in the order of frequency, the *encephalon*, the *spleen*, and the *lungs*. In all these cases there was subarachnoidal effusion, and effusion at the base of the brain and into the ventricles. The substance of the brain was sometimes slightly softened. The spleen was generally softened, and often so much so as to fall in pieces. It was not at all uncommon to find the lungs in a state of congestion.

Treatment.—When a case is seen in its incipiency, and the patient presents a furred tongue, hot and dry skin, with a full and compressible pulse, generally the first thing is to clear the bowels by a gentle cathartic; then give small doses of ipecacuanha, or pulvis antimonialis compositus, until these symptoms are somewhat reduced, and afterwards administer acetate of ammonia. But in the condition in which most of the patients arrive, this practice is not required. The course usually pursued is to evacuate the bowels, if necessary, by a dose of oil, or an injection of soap and water, and then give a dose of spiritus mindereri every hour or two according to circumstances; meantime sponging the surface with cool or tepid water, once or twice a day, and letting the patient eat plenty of ice. Local symptoms are sometimes relieved by cups and leeches, though these are scarcely ever called for. Where there is much headache, solid ice or cloths wrung out of cold water are applied to the head. If symptoms of sinking come on, the patient is supported by carbonate of ammonia and brandy, milk punch, wine whey, etc. As to diet, it consists of rice-water, barley-water, oatmeal gruel, beef tea, etc. The treatment of this disease is very simple, and is directed chiefly to the support of the vital powers.

I close my brief communication with the report of a few cases illustrating some of the sequelæ of ship fever:

Mary B., aged eighteen years, of nervous temperament and weak constitution, was just recovering from fever, which had

left her much debilitated, and with a great tendency to diarrhea. She was attacked with a slight chill on the evening of the 9th of September, which left her with pain in the head, a hot and dry skin, and a little dyspnœa. I saw her on the morning of the 9th, and found her with a frequent and feeble pulse, a tongue red and dry, eyes congested, irritability of the stomach and bowels, pain about the middle of the right side of the chest, but little expectoration, and that a thick matter tinged very slightly with blood, and mingled with froth. Percussion gave no clue to the state of the chest. Auscultation revealed minute crepitation, which was confined to the right lung and to its middle portion, mingling more and more with the vesicular murmur as you ascended or descended the chest; the left lung gave puerile respiration and a slight mucous rale.

Treatment: ℞. Rad. seneca, rad. scillæ, of each ʒj, and a small stick of licorice, on which pour half a pint of water, and, after cooling, take a table-spoonful every three hours.

10th. Does not feel well; spent a restless night; pulse still frequent and feeble; breathes with a little more ease; eyes congested; some headache; tongue red but moist; much tendency to diarrhea. The characteristic sputa appeared today. Sounds of the chest about the same as yesterday.

Ordered to continue the former prescription, in the same quantity as yesterday, every two hours, and ten grains of Dover's powder to be taken at bedtime.

11th. Rested well; skin moist and cool; pulse not so frequent, but feeble; tongue moist and red; less pain in the head and chest, and bowels very loose. Crepitation and puerile respiration are not so distinctly audible as yesterday.

Continue the first prescription, and take a teaspoonful of a mixture composed of tinct. of catechu ʒij, camphorated tincture of opium ℥j, and prepared chalk ℥j, after every other stool; and ten grains of Dover's powder at bedtime.

12th. Improving; slept well; pulse of more regularity; eyes a little congested, but no more than is natural with her; head feels heavy, but is not painful, and the pain in the side is

gone; the expectoration is free, and the cough soft; crepitation and puerile respiration much diminished.

Continue the first prescription and the diarrhea mixture.

13th. Feels very well, though quite weak; all the signs of pneumonia had nearly vanished, and the bowels were in check.

Ordered to continue the first prescription, in the same quantity, every six hours, together with the astringent mixture.

14th. Convalescent; only complains of weakness.

A woman aged twenty-four years, who enjoys generally good health—whom I had attended during an attack of ship-fever about two months since, and also during an abortion at the seventh month—was suddenly seized with a chill and great difficulty of breathing. The symptoms grew more and more urgent; and in about twenty minutes after the cessation of the chill, the nurse ran into my room, exclaiming that the woman was dying. On getting to the ward, I found her in the following condition: She was sitting up in bed, her countenance extremely anxious, and her lips purple; she was gasping for breath, making about fifty respirations in a minute; the pulse was one hundred and thirty, feeble and quick; her skin covered with cold perspiration; the tongue pale, and covered with a brownish white fur; she had most intense pain running from the false ribs of the left side upwards and forwards to the sternum. There was no expectoration.

Physical Signs.—Percussion revealed the most intense dullness at the lower part of the left lung, with a diminution of the healthy resonance over the other portions of it. Auscultation gave a distinct crepitation, which was audible over the lower lobe of the left lung and over some portion of the upper, with some friction sound. The right lung gave most intense puerile respiration.

Treatment.—Bled from the arm fifteen ounces, with a very marked relief of the symptoms, (the blood was buffed;) gave her ten grains of calomel with five of rhubarb, and ordered two grains of tartar emetic to be dissolved in two ounces of water, of which take a teaspoonful every half hour.

Morning. Bowels had been moved freely; skin moist and pleasant; pulse one hundred, and of some force; no pain any where; tongue moist.

Percussion gave but little less than the healthy resonance on the left side, and auscultation afforded but little more than minute crepitation mingling, to a slight extent, with the continuous murmur in the same lung, and in the right lung very slight puerile respiration.

Ordered to continue the tartar emetic.

Evening. In about the same condition as this morning.

Ordered to continue the tartar emetic in the same dose every hour during the night, ten grains of Dover's powder to be taken at bedtime, and a dose of oil in the morning.

Morning. In still better condition; slept well; bowels moved freely; pulse of more force and less frequency; skin pleasant; she feels very well. Percussion gave no dullness, and auscultation showed the vesicular murmur to be fast replacing the crepitant rale.

Ordered to continue the tartar emetic every two hours.

Evening. Still improving; says she intends to get up in the morning.—Ordered a dose of oil for the morning.

Morning. Found her walking about the room; told me she felt as well as she ever did.

Remarks.—The disease was situated in the left lung in this instance. I at first thought that there must be great effusion into the pleura on the left side, but change of position did not justify me in the belief, nor did the rapid recovery. The characteristic sputa of pneumonia was wanting.

Carr, an inmate of the almshouse, aged seventy-six years, who had generally enjoyed good health, save now and then being subject to palpitations of the heart and occasional attacks of asthma, was suddenly seized with great pain in the hypogastric region, and inability to urinate, about four o'clock in the afternoon of the 9th of September. Applications were made which soothed the pain, but without enabling him to make water.

The following morning, although he had not made water in twenty-four hours, there was but little distension in the region of the bladder. The catheter was introduced, and about five ounces of water escaped, which was followed by an alleviation of the pain.

His bowels had not now been moved in two days, and in the afternoon of this day he began to complain of great pain over the abdomen, and "cutting in the bowels," which was relieved by pressure. Four compound cathartic pills were administered at bedtime, and were followed by a dose of oil next morning, but without producing the desired effect; his water in the mean time being drawn off by the catheter. The oil was followed by mild and powerful injections, and by the most potent cathartics, but all without avail. During the evening of this day he had an attack of asthma, and next day, about eleven o'clock, died.

The autopsy showed that a most intense peritonitis had been going on. The bowels were so firmly agglutinated that it was nearly impossible to separate them; and over and above these old adhesions there was a large quantity of recent lymph, and the peritoneum lining the abdomen was covered with the same. The lungs were in an emphysematous condition; the other organs were healthy.

I mention this case to show that pain on pressure is not invariably present in peritonitis, of which this is a good example, for this man devised all manner of means to increase the pressure on his abdomen.

Bellevue Hospital, September 20, 1847.

ART. III.—*Medical Reform. Reflections growing out of the Action of the National Convention of* 1847. By W. L. SUTTON, M.D., of Georgetown, Kentucky.

It is generally known that a movement is now being made by the medical profession, the object of which is to increase the respectability and usefulness of that profession. As this movement is calculated to exert considerable influence upon the public health either for good or evil, it is the duty of every member of society to give the subject a due degree of consideration. To the members of the medical profession, as conservators of the public health, will perhaps be awarded the duty of conducting this matter to its final consummation. It is therefore the duty of the physicians through the length and breadth of the land to consider the matter well, and give each his influence to keep things in their present state, or to make such alterations as may be deemed best calculated to promote the public good.

We know that two years ago a proposition was started to hold a national medical convention, one object of which should be to promote a more extended education, both scholastic and professional, than many graduates at present possess. This proposition was scarcely made, before Professor Payne, of the University of New York, took the field against it. The convention met, however, in the city of New York, in May, 1846. As soon as the convention was organized, a resolution was introduced by Dr. Bedford, and seconded by Dr. Pattison, both colleagues of Dr. Payne, declaring the attempt to form a national convention a failure, and proposing an adjournment sine die. To the honor of that convention, it is recorded that the mover and his second were the only yeas upon the motion.

The convention raised committees upon various subjects, among which was one on the preliminary studies of students, one on the professional education of students, and one on the propriety of separating the power of conferring degrees from the teachers of medical schools. Upon these three subjects

we are to have a contest. I say upon these three, because—although the convention which met at Philadelphia in May last, with considerable unanimity agreed upon the requirement to be exacted of medical students as to preliminary education, and upon some recommendations as to their instruction at medical schools, leaving the subject of separating the business of teaching and licensing for consideration in 1848—yet scarcely had Prof. Annan, of the Transylvania school, arrived at home, before he set about nullifying the action of the convention of which he had been a member. This paper appeared in an extra of the Western Lancet, edited by another professor of the same school, prefixed by the following paragraph: "In place of copying the minutes of the convention, we insert the following paper, written by Prof. Annan, who was a member. It embodies, we are of opinion, very nearly the opinion of the profession here." This extra was extensively circulated.

Upon this introductory paragraph two remarks very obviously present themselves to my mind:

1. Inasmuch as the paper is a direct attack upon the wisdom of the measures advised by the convention, common courtesy, and, I may add, fairness, should have suggested the propriety of permitting that convention to be heard through its own acts. By this course there would have been little danger of those acts being misunderstood.

2. If this paper embodies the sentiments of the profession about Lexington, I apprehend there are few other places in which the sentiments of the profession correspond with it.

With these preliminary observations, I shall proceed to express my own views upon the subject of medical education, during which I shall occasionally refer to Prof. Annan's paper, as I presume it occupies the ground common to those who oppose the measures advised by the national convention. It is, in fact, the only one I have seen.

In all matters of controversy, it is important that the point in dispute be distinctly stated, and that collateral matters be kept from occupying more than their proper space. The matter in hand is not whether we have too many physicians—

not whether the old or the young physician is entitled to preference—not whether we should have a few or many medical schools—not whether the facilities for imparting medical education are greater now than they were formerly—not whether men would practice medicine without a diploma—not whether many gentlemen educated at the present time are not what their diplomas declare them to be, gentlemen and scholars, and entitled to the fullest confidence of the community; but it is, would the profession as a body be more respectable—would the interests of the community to which they minister be promoted—by requiring a more elevated standard of education, both academical and professional, in those who are declared by our licensing boards to be qualified to take charge of the health and lives of their fellow men?

Such being the question at issue, let us ascertain what the convention recommended. Prof. Annan says (Extra, p. 7): "The recommendation is, that no young man be permitted to enter the office of a physician, as a student of medicine, who is not acquainted with the Latin and Greek languages, and with the elementary mathematical sciences, including geometry and algebra, and also with natural philosophy; and that the medical colleges allow only such to attend their lectures and obtain degrees."

Again: "If all who obtain the degree of Bachelor of Arts from literary institutions should study medicine, they would scarcely supply the demand for physicians." A fair interpretation of this would be, that the convention advised that none but Bachelors of Arts should be permitted to enter the profession.

What said the convention? "That this convention earnestly recommends to members of the medical profession throughout the United States to satisfy themselves, either by personal inquiry or the certificates of competent persons, before receiving young men into their offices as students, that they are of good moral character, and that they have acquired a good English education, a knowledge of natural philosophy, and the elementary mathematical sciences, including geome-

try and algebra, and such an acquaintance at least with the Latin and Greek languages as will enable them to appreciate the technical language of medicine, and read and write prescriptions."

I remark here, that the professor must be supposed to have written his version of this recommendation without the benefit of having the proceedings of the convention before him. And further, this instance confirms the caution mentioned with regard to the introductory paragraph of the extra, because it seems to me that the two phases make very different impressions upon most minds—the one being an evidence that its possessor had passed a regular collegiate course of study; the other, that he had a little more learning than is necessary to enter college. In judging of the acts of the convention, we will in justice take its own expression of opinion as the criteterion as to what is meant.

Here, as a loop upon which to hang a protest, I will quote a sentiment expressed on page 8: "It is not thought to be a difficult matter to acquire a sufficient knowledge of the various maladies to which human beings are liable, to qualify a man to become a physician." Although this is a form of expression which men frequently use to express their own opinions, I cannot believe Prof. Annan used it for that purpose, notwithstanding he expresses no dissent from it. After a period of thirty-two years spent in the profession, with the advantage of some previous training, I am constrained to say that I still find myself placed in circumstances in which the most solicitous attention is required to enable me to chalk out my course. Nay, after the most anxious reflection, I occasionally regret that I had not adopted a course more or less different. Such I believe to be the experience of those who properly appreciate their responsibility to their patients, to the community, and to their God. How often do we find instances of what would seem to be palpable mistakes in diagnosis, made by the most illustrious men in the profession! And shall we say that it is not difficult to acquire sufficient knowledge to qualify us to practice medicine? If, then, it is difficult to qualify ourselves

to practice our profession, it follows that some training is necessary. As our profession is one which emphatically requires strength and accuracy in the reasoning powers, it would seem that such studies as invigorate these, and give us precision of ideas, are best calculated to answer that end. But the mathematical sciences are prëeminently calculated to sharpen our powers of investigation, and give us precise ideas; and therefore the convention has done well in recommending such a course of previous training, as one step towards fitting young men to undertake the study of medicine.

Again, it is to be hoped that no one's notion of 'free trade' goes so far as to advise that a young man, who is unable to read, should be encouraged or even permitted to study medicine. If so, then there is some limit, and to a certain extent a *monopoly.* But what is included in the word *'read'?* Is it the ability to pronounce words as spelled by certain letters? or does it imply the understanding of the ideas intended by the writer of those words and sentences? Most certainly the understanding of ideas is implied. Then to read a medical book implies to understand what is therein contained. Assuredly, then, a student of medicine ought to have such a knowledge of Latin and Greek as would enable him to appreciate the technical language of his profession, and read and write prescriptions. If he has not that knowledge, how is he to know that he attaches proper or even analogous ideas to the words he reads? Take an example: Some years ago a friend of mine, a graduate of a respectable medical school, came across the term *hydrargyrum cum creta.* He was very much at a loss to know what it meant, saying that he knew that 'hydrargyrum' meant mercury, and 'creta' meant chalk, but he could not find such a medicine as *cum* in the whole materia medica.

But how did the idea that it is not a very difficult matter to acquire sufficient knowledge to practice medicine, ever become common? I presume just in this way: the community found men in the profession with and without much education, some of whom, it was known to all, had had very limited opportunities for acquiring information; they found them equally

armed with diplomas, the least educated taking most pains to exhibit them, and also speaking with most confidence of their ability to cure disease. In this state of things, it was entirely natural that the community should conclude that much knowledge was not necessary. But who is to blame for this? Not that community which had no correct means of forming an opinion; but those who, being judges, conferred the honors of the doctorate upon those utterly unfit to receive them.

But we are told (p. 7) that "this plan begins at the wrong end. The community must first receive a liberal educaation, and then there will be a demand for at least an equal degree of attainment among physicians." Has it come to this? Is it possible that a teacher in a respectable medical school should be willing to see the day when that profession of which he is one of the dignitaries—that profession of which it was formerly said that it contained more learning than either of the other learned professions—should be content to follow in the wake of *the community?*—that the time should actually come when a physician should be *required* to have an education "at least equal" to the community in which he lives? This would be beginning "at the wrong end" with a vengeance! Think you that those physicians who have done so much to ennoble our profession and the human race—men who reared those splendid edifices of which the professor speaks with laudable pride, whom he considers samples of the profession as it is, but whom I should rather consider samples of the profession as it has been—were men who "could not find such a medicine as *cum* in the whole materia medica," or that their "learning as a general rule is in correspondence with the state of general information among the people?" I tell you nay; they were men who were educated above their fellows, and prided themselves in their profession.

Again, arguing against the necessity of extended education, he says (p. 8): "On the contrary, we maintain the opinion that young men of plain education, who have had their constitutions invigorated by labor from their youth to manhood, are the best qualified for these situations," (rude sections of

country.) "The course of study which such young men pass through, while preparing themselves to graduate at one of our medical colleges, will expand and strengthen their minds in at least as great a degree as any course of Latin and Greek and mathematics of the same duration. And when we consider that one great object of education is to develop the mental faculties, it must be obvious that if this is effected by the study of medicine, while at the same time knowledge is acquired which prepares for usefulness as a practitioner, all this outcry about the absolute necessity of a thorough preliminary education is supremely ridiculous."

I shall not labor to prove that the study of medicine does not improve the mind—no, nor the heart; but I should dislike to be required to prove that because a perennial plant brings forth seed in the third year, therefore the growth of the two previous years was unnecessary. Neither shall I attempt to prove that *if*—"If is your only peacemaker"—we can reap a crop while clearing the ground, all the ado about previous clearing and cultivating "is supremely ridiculous." Let me put a plain question or two. What time is necessary for a Bachelor of Arts to acquire such a knowledge of medicine as to justify his engaging in practice? Will any one say less than two years? I should like to see the man, who knows anything of the profession, who would. How long would it require a young man who has very little education, not accustomed to exercise his reasoning powers upon intricate subjects—one "invigorated by labor from youth to manhood"—to master the same amount of medical information which the A.B. would acquire in two years?

But another difficulty, "*insuperable difficulty*," is, "physicians engaged in an extensive practice hold out inducements to the youth in their respective neighborhoods to enter their offices as students, because it relieves them from a great deal of labor," and "the ordinary fee is not demanded." This is all true, but not all the truth. *No instruction is imparted.* But it is becoming even worse than the professor is aware. Men begin to think that their sons ought to receive compensation

from the physician, because of the services which the pupil renders his preceptor—*preceptor?* forgive the mistake—the physician. With no preparatory training or habits of reflection—left to pursue pretty much his own course of reading such books as he can get—with no examinations or instructions from the physician—how can the student be expected to profit much by hearing six or seven lectures, upon as many different subjects, daily, without time to reflect upon one before the delivery of another? I do not attempt to remove any of the blame which justly attaches to this reprehensible conduct on the part of the practitioner; but I may be permitted to ask, would he dare to pursue this course if he believed that his protegé would be subjected to an examination calculated to test his acquirements?

It is said, further, that under the course advised by the convention, "thousands of practitioners of medicine would spring up, whose only sources of information would be a little reading at their own homes; and thus in a few years we would have a host of doctors entirely ignorant of anatomy, chemistry, pathology and surgery, and also of therapeutics until repeated and fatal experiments upon their fellow creatures should have enabled them to discriminate disease, and apply the proper treatment." I would ask, has the professor any objection to this exemplification of 'free trade?' It certainly is only carrying out the general expression of sentiment contained in his paper. But I hope and believe better things of him. But whether he objects or not, we have just that class of practitioners, not, however—at least not all of them—with information acquired "by a little reading at their own homes," but with that which, if not acquired at college, such as they possessed after leaving college.

For example, I have heard one gentleman talk about the prostate gland in the female. I knew one who applied a tight bandage above a wound of the femoral vein, and suffered his patient to bleed to death. I heard one inquire whether the yellow ground of labels for shop furniture was not imparted by aqua fortis. Ay, I heard a professor in a medical schoo

propose a prescription composed of *calomel and carbonate of ammonia.* Let me close this list by giving a portion of a conversation between an eminent professor and a gentleman who went some distance to consult him: The professor asked the patient what was the opinion of his family physician as to the disease. Upon being told, he replied, "He is a most egregious quack." To which the gentleman replied, "I reckon not, doctor; at any rate he has your certificate that he is qualified to practice."

I understand the intention of the convention to have been, not to prevent the unqualified from practicing, but to compel them, if they will do so, to stand upon their own merits, not to be countenanced, aided and abetted by respectable men. Suffer me to put a case, and charge me not with disrespect; I certainly feel none: Two men go into a community where they are wholly unknown, one without any introduction or recommendation, the other highly recommended by six or eight of the most prominent and respectable men say of Lexington or Philadelphia. After a residence of some time, it is ascertained that both of them are swindlers and pickpockets. Which will have been enabled and which will probably have committed the most extensive depredations? I hold there is but little difference between this case and that of two unqualified physicians, one armed with a diploma, the other not; in one case we lose our property and money, in the other our health and lives. The physicians may be thought uninfluenced by felonious motives—may have no malice towards any member of the community. The same may be supposed of a man who shoots into a crowd; he may have malice against no individual; he may be supposed not to wish to hurt any one. But the law holds such a man to be either a felon or a lunatic; so should that man be held who practices medicine without qualifications.

It is our duty to uphold the respectability of the profession. This can only be done by keeping the great body of its members individually respectable. Men generally are badly qualified to judge of the attainments of physicians. The best cri-

terion which they have is to compare their information upon matters of general knowledge with that of well instructed members of the community, and estimate their professional standing accordingly. I have known physicians tested in this way, and have heard very ludicrous as well as humiliating remarks as to the results of such trials. How would a physician whose prescriptions afford such specimens as this—"Take fifteen drops of *lodame acashunally*"—be estimated by this test? Yet the man who wrote that sentence, which is a sample extracted from about half a page of foolscap, claims to be a graduate

"It is a melancholy truth, that some of the students of medicine attend our medical colleges more for the purpose of obtaining the honor supposed to be conferred by the degree of Doctor of Medicine, than to acquire the requisite qualifications for becoming skillful physicians. This will invariably happen where a high standard of attainment is not required by the people of any particular district." [Ought not the professor to have added, "Nor by the teachers in our medical schools"?] "The title of doctor is sufficient to give rank among an unenlightened community."

Take this quotation, what is expressed and what is directly implied, and it contains the strongest opprobrium on our profession which I have ever seen conveyed in the same number of words. In the first place, the honor attached to the degree of M.D. is fictitious, not real; next, it is understood that this honor can be acquired without the knowledge which the possession of the degree implies; and thirdly, the title is sufficient to give rank among an unenlightened community. The time was when the degree of M.D. was a real honor, and conferred rank anywhere. Is it an understanding that our colleges will confer the degree for so much money? Do they, like other factories, produce wares of different values but of the same name, to suit various markets? If so, is the price graduated according to the quality? If none of these questions are to be answered in the affirmative, why do these men receive the doctorate?

The convention recommends also that physicians shall give to their students certificates as to their academical studies; and also the time at which they commenced their professional studies; and further, that colleges should exact such certificates. We have no means to judge what respect will be paid to that part which relates to the commencement of studies. Even if that should be observed, something would be gained; for although our schools generally state as a requisite that three years' pupilage should be observed, yet no means have been used to enforce this rule, and I presume no inquiry is ever made upon the subject, as young men are graduated whose pupilage has not continued half that time.

As an objection to a requisition of extended courses of lectures, it is urged that in some colleges a preparatory course is given without additional expense; but that few pupils avail themselves of the facility thus offered, or of attending additional courses after the second. I do not conceive the objection valid. In the first place, an attendance is not made necessary to graduation, and men are still disposed to get things with as little trouble as possible; secondly, it is usual, I think, for this preliminary course to be confined to some two or three professors, which pupils consider, whether wisely or not, an insufficient inducement to incur the additional expense of boarding.

But we are told, and told truly, that the profession is popular with young men. It is so with two very different classes of young men—those who are ambitious to spend lives of honor and usefulness, and those who are too lazy to work, yet wish to be respected. All of both classes who are worth encouragement will submit cheerfully to any reasonable course of study which respectable colleges will require, though they may not incur any avoidable expense, for most students have no great redundance of money. When an exalted standard is fully recognised, I doubt not that many young men of promise will engage in the profession, who will not do so now, because of the great competition, knowing that young men of

no education leave college upon a perfectly equal footing with those of the most finished.

There is one sentence in the paper so often quoted, which I confess made me open my eyes; it is this: "In all parts of Europe the medical profession is much more crowded than with us." Although this is a matter, as I conceive, altogether irrelevant to the question at issue, yet as it seems to be urged as a justification of the course pursued in this country, I will remark that I do not know what data the professor has by which he arrives at his conclusion; certainly it is precisely the reverse of my impressions upon that point. I find, too, that the committee on medical education, who may safely be supposed to be better informed than either Prof. A. or myself upon this subject, speak of the physicians of the United States being far more numerous in proportion to the population than in any other country, perhaps, of which we have any correct knowledge. In France, with a population of 35,000,000, there are from 18,000 to 20,000 physicians, including officers of health, [*Boston Med. and Surg. Jour. July* 14, 1847,] or one to every 1750 inhabitants; in the United States, about 40,000 physicians to 20,000,000 inhabitants, or one to every 500. Again, in France there are 1800 medical students; in the United States, 4418; in France, from 300 to 700 graduate annually; in the United States, 1300. [*Id. May* 5. *Medical News, May*, 1847.] There is certainly no comparison between the amount of study required of a student here and in any of the nations of Europe.

Prof. Annan, in the paper referred to, and in one published in the September number of the Western Lancet, insists manfully that the convention is not entitled to the epithet 'national.' In support of his position he says: "I would now ask by what authority did the Medical Society of the State of New York call a convention? The ordinary mode of convening such assemblies is to take a vote of all those interested as to the necessity of such a meeting. It may therefore be said to savor strongly of presumption for any society or the societies of any State to issue proposals for a convention of represent-

atives from the whole country." Men from beyond the mountains sometimes answer one question by asking another. I might then ask, how is a vote of the physicians scattered over these United States to be taken? Strongly as it savors of presumption, I see no way in which the object could have been obtained but that pursued. How are political conventions of States and of the Union got together? Some body of men, not more respectable than a State medical society, or even some individual proposes that a convention be held at a given time and place, for certain purposes. If the proposal meet with general approbation, delegates are appointed from divers portions of the country to attend. If the country embraced by the proposals generally sends delegates, it is legitimately called a district, State, or national convention, as the case may be, notwithstanding a small portion of the country may have failed to appoint delegates, or those delegates may have been prevented from attending. Why should not the same rule apply to the medical convention? In this case delegates from twenty-three States were in attendance. How many States appointed delegates who were unable to attend, I do not know; we know, however, that at least three corporations appointed delegates who failed. Upon this head I must be permitted to give my suffrage in favor of the grounds being sufficient to entitle the convention to the name "national."

Another reason why the convention is not entitled to the name is, that it was composed of one party to reform and one to be reformed, the second being the professors of medical schools. I am of opinion this division is rather arbitrary. I understand the convention to have been composed of one body to be reformed, and the same body to reform. It was admitted on all hands that there were evils to be remedied, which the profession must do or let go undone. Why it should be supposed that the medical schools alone were to be affected, I am at a loss to conjecture. Surely action was had on subjects intended to bear on individuals as members of the

profession. Why, then, are not the individual members of the class to be reformed?

Another reason why it was not "national" is, that only a little more than one-fifth of the members of the convention were professors in medical schools. One might think that was a moderately fair proportion, when we consider that of the forty thousand physicians in the United States, something less than two hundred are engaged as teachers. From the considerations before mentioned, the professor concludes that "it was not a fair representation of the profession of the entire country." This may be true if it applies to the disproportion in representation of the parts near to and remote from the place of meeting; but I hope and believe that time will prove that the convention gave a fair exposition of the opinion of a large majority of the profession in the United States.

This paper has grown much beyond its contemplated limits, and although the points touched might be much amplified and many more introduced, yet as I hope to see an expression of opinion from divers quarters, I am disposed to close what I have to say upon this subject. In taking my leave of Prof. Annan's paper, I will remark that although its general tenor is such as to produce a deleterious influence in the profession, yet I am pleased to see occasional sentiments which are dictated by a commendable professional feeling. Indeed, the impression made upon my mind is as if the author felt himself called on to defend a course of the full propriety of which he is not entirely satisfied.

The resolution intended to separate the duties of teaching and licensing will no doubt give rise, at the next meeting of the association, to a very animated and interesting discussion. Indeed, it is time that the members of the profession were interchanging opinions upon the subject. It is one of momentous interest, and requires to be handled with much discretion. Neither ought its destiny to be left entirely in the hands of those who may compose the association in 1848. The length of this paper precludes the idea of my taking up the subject, even if I felt qualified to discuss it.

The convention performed a very important and much needed service in adopting a code of medical ethics. It is to be hoped every physician in the United States will procure a copy, and give it an occasional reading. Upon most subjects, perhaps contained in the code, the dictates of good breeding and gentlemanly feelings would always be a sufficient guide; but some regulations are purely conventional, and therefore require some recognised authority to insure their observance. It is hoped that a proper attention to this code will make professsional intercourse more pleasant to physicians and beneficial to patients.

One of the most important measures of the convention is that recommending the State legislatures to pass laws for keeping a register of marriages, births and deaths within their respective districts. It is impossible to know the extent of good which will result to the nation by a general adoption of this measure. From some little attention paid to this subject on a small scale, I am disposed to believe that our profession and the community will be very much startled by the developments which the execution of this measure will make. It is assuredly the only correct way of arriving at the relative salubrity of different sections of the country; and I hazard the opinion that, if carried out, some portions of country, the citizens of which congratulate themselves upon superior enjoyment of health, will be found to present a mortality altogether unlooked for. It is sincerely to be hoped that physicians generally will urge upon their immediate representatives the importance of this matter. As this measure is to promote the general good, and not that of the profession, there surely can be no objection to its adoption.

When the true state of health of a district is thus made manifest, and at the same time the diseases most prevalent there ascertained, the next step will be to determine the causes producing these diseases, and next the means of removing these causes, or neutralizing their deleterious influence.

Connected with registration, and essential to its proper execution, was a nomenclature of diseases adopted by the con-

vention. A proper attention to this will enable us to state the causes of death in a more uniform and consistent form than is to be generally found in our bills of mortality.

Composed of representatives from twenty-three States, from twenty-eight medical colleges, sixteen State medical societies, besides various district medical societies, there is little room to doubt that this convention was as respectable as any body of men ever assembled in these United States. Neither do we doubt that this convention has exerted and will continue to exert a most beneficial influence upon the profession and upon the interests of the community, by embodying and directing public sentiment as well as the investigations upon medical subjects. It is true that individuals and corporations may attempt to decry and depreciate the authority, or rather the influence of this body for a while; but observing at last that this influence is not directed against any body or society which deserves countenance, they will fall into line, and be as much gratified as others that such an association was ever organized. As a physician, as a citizen, I hail this body as one calculated to do immense good, as the preserver of the dignity of the profession, which I considered endangered by what I conceived a suicidal policy adopted by many of our medical schools, and as calculated to promote the longevity, health and happiness of the community.

ART. IV.—*A Case of Tetanus—its Treatment and Cure.* By T. B. GREENLEY, M.D., of West Point, Ky.

Tetanus, in this climate, is of rare occurrence, especially that form called idiopathic; and when it does occur, unless it be a well developed case, it is liable to be mistaken for some other disease, such as cramp, spasm, etc., and treated accordingly. But when the symptoms manifest themseives fully, they are of so alarming a character that medical advice is generally soon sought by the friends of the patient.

The case I am about to relate is the only one that has occurred in my practice, and from the general account of authors of the fatal tendency of the disease, my apprehensions were somewhat excited as to the result. The subject was a girl about fifteen years of age, who had previously enjoyed good health, well grown, and possessing a good constitution. I was called to see her on the 20th of August, and learned the following history of the case: She was taken five days before with pains in her back, head, neck and thighs, accompanied with fever. These pains were much greater at times, when, to use the language of her mother, she acted as if she had light fits. Her head was thrown backwards from the first, and she complained of the pain being the most severe in the back part of her head and neck; bowels inclined to be constipated.

In endeavoring to ascertain the cause of her condition, I learned that on the day before she was taken sick, she waded a creek when she was very warm and perspiring freely from exercise, the weather being excessively hot. I also noticed that holes had recently been made in her ears, and lead wires bent into the shape of rings introduced. These by my directions were removed. The wading in the water under the circumstances, together with the presence of lead wires in her ears were the only assignable causes I was able to discover which would have any bearing in the production of the disease. I do not know that the lead wires would exert any deleterious influence upon the system under ordinary circumstances, but in this case I was of opinion that they might have done so, from the fact that the sterno-cleido-mastoid muscles were greatly contracted. The main cause, however, I presume, was the wading in the cold water while she was perspiring profusely, thus suddenly checking the action of the skin, and producing a considerable shock to the nervous system.

On my arrival I found her about as follows: Pulse 120, strong and tolerably full; skin hot and dry; tongue somewhat loaded, and slightly red at the tip and edges; bowels open from effects of medicine; complains of double vision, which is

also slightly crossed; great contraction of the muscles of the back and neck exists, causing her head to be thrown entirely backwards, constituting well marked opisthotonos; severe pains from the back part of her head down to the sacrum, also at the pit of the stomach, and round the margins of the ribs; sterno-cleido-mastoid muscles greatly contracted, becoming powerful extensors of the head; breathing greatly oppressed, from the compression of the chest by the contraction of the thoracic muscles, together with the diaphragm; hearing somewhat indistinct; function of the kidneys appears to be healthy; menstrual discharge present. The above symptoms appeared to be permanent. At short intervals there are, in addition to these, slight spasms, at which times the pain is greatly increased, as well as the difficulty of breathing; she frequently cries out with pain, and gasps for breath.

A physician of the neighborhood was called to her the day after she was taken, and had seen her several times; but her father becoming dissatisfied with him, perhaps without reason, dismissed him, and sent for me. I did not get to see the physician, and therefore could not learn much of what had been done, nor his opinion of the case. He had cupped her on the side and temples—the latter places without scarifying. She had taken some powders, but I did not learn their composition.

Treatment.—The first thing I did in the way of treatment was to bleed from the arm till the surface became relaxed, and vomiting ensued. In the next place I cupped up and down the spine, taking several ounces of blood. Internally I administered free portions of Dover's powder at intervals of three hours, combined with small portions of calomel; this to be followed with a large dose of castor oil early next morning. Ordered anodyne embrocations to the sterno-mastoid muscles. Diet light but nourishing.

21st. Saw her today about ten o'clock. She became more tranquil yesterday evening after she took a second portion of the medicine; the spasms nearly disappeared, occurring at longer intervals, and much lighter; but towards morning she

grew worse, and suffered much pain. The oil acted on her bowels. She complains of severe pain this morning; breathing hurried and laborious; pulse 104, but not very full; slight delirium; other symptoms about the same as yesterday.

Repeated cups to the spine. Internally, ℥ss spts. turpentine combined with ℥ij laudanum, in the form of an emulsion; this to be repeated at intervals of three hours until the patient was brought under the influence of the opiate. A pint of gruel mixed with an ounce of turpentine to be administered this evening as an injection.

22d. Visited her today about the same time. Found her considerably better; slept pretty well last night, more than she has done since she was taken sick. Does not complain of much pain this morning; difficulty of breathing still exists; pulse 100, but compressible; does not talk at random as she did yesterday; has had two or three offensive discharges from the bowels since I saw her; tonic contraction of the muscles still exists. Same treatment continued.

23d. Saw her again today about the same hour. Does not seem so well as yesterday; considerable excitement of the circulation, pulse 120, and tolerably full and hard; complains of great pain in the back part of her head and neck; other symptoms about the same as yesterday.

Venesection to about sixteen ounces; free portions of Dover's powder with excess of opium at intervals of three hours, combined with small portions of calomel; injections of gruel.

24th. Visited her this afternoon. About the same as yesterday. Taken with spasms yesterday evening, which lasted nearly all night, recurring at intervals of about half an hour. These abated this morning at daybreak, and came on again about two o'clock in the afternoon.

Prescribed powders of opium, ipecac., and small portions of calomel, at intervals of three hours. Extract of belladonna to sterno-mastoid muscles. Injections of gruel. Quinine and laudanum in the morning in free portions.

25th. Saw her today about twelve o'clock. Considerably

better; has had only two spasms since my last visit; head a little further forward; pulse 100, and soft.

Prescribed a dose of quinine and Dover's powder in addition to that she took this morning. Left powders of calomel and rhubarb and Dover's powder, to be taken three times daily, commencing this evening.

28th. Tetanic symptoms have nearly disappeared; has some fever; pulse 104; complains of pain in the bowels, with tenderness under pressure; discharges of a dark, grumous, bloody character, and very offensive. These symptoms indicate the presence of some irritation in the bowels, probably preceded by congestion.

Ordered a blister plaster over the umbilical region, fomentations to the abdomen, mucilaginous injections, etc.; internally, small portions of Dover's powder, quinine, and calomel.

Under this treatment the abdominal symptoms soon disappeared, and the recovery was perfect.

Remarks.—It will be seen that during the progress of this case, nearly all the principal remedies commonly recommended in such cases were resorted to, without effecting anything more than a palliation of the symptoms. It will also be remarked that the case assumed something of periodicity in the recurrence of the symptomps. So soon as I discovered this character, I at once resolved to try quinine and opium in free portions, and with what success the result shows. May we not from these facts conclude that malarial influences had something to do in the production of the disease in this case?

September, 1847.

ART. V.—*The Inhalation of Sulphuric Ether in Intermittent Fever and Tic Douloureux.* By G. M. WHARTON, M.D., of Nashville, Tenn.

Almost every medical journal contains something relative to the effects of the inhalation of sulphuric ether. The entire immunity from pain secured by it in surgical operations has suggested the propriety of its employment in a variety of cases attended with considerable pain. It has produced astonishing results in obstetrical practice, though its indiscriminate use in such contingencies cannot be free from danger. It would doubtless be more frequently resorted to during the progress of certain painful maladies, but that they are generally incurable and eventually fatal, and the constant respiration of ether might establish a habit of intoxication very readily acquired, as has already been reported, which would be more deplorable in its consequences than the original affection.

It is now universally conceded that sulphuric ether, properly prepared and judiciously administered, may be breathed with impunity. As obtained in the shops, it often exists in an impure state, an excess of sulphuric acid and alcohol being present. The untoward symptoms which have sometimes been presented in the experiments of physicians may have been caused by this circumstance. The ether, therefore, should never be prescribed until it has been at least twice washed according to the directions of the dispensatory. Even then there will be found individuals who, owing either to unreasonable alarm or to undefinable idiosyncrasies, cannot inhale the ether without evident embarrassment, the muscles becoming rigid, the pulse small and greatly accelerated, with delirium variously manifested, terminating sometimes in extreme nausea and vomiting, or in syncope, rarely, however, of long continuance. Fortunately persons thus peculiarly affected are few in number, and premonitions are easily remarked which advise the experimenter when to desist; nor, so far as my reading extends, has any credible record been made of death or fatuity following the introduction of ether into the pulmonary apparatus.

The ordinary phenomena which show themselves during etherization are a momentary excitement of the circulation, the number of beats of the heart increasing occasionally from eighty to a hundred and twenty or thirty, perfect relaxation of the muscular system, a mild diaphoresis, in some cases replaced by a hot and dry skin, and an exalted state of the mind, inducing feelings of ecstasy and delight, though now and then patients represent themselves as being visited by a sense of oppression and by dreams and visions of a reverse character.

It occurred to me, and I have not seen the idea intimated elsewhere, that these the most usual phenomena are the opposite of those apparent in the cold stage of intermittent fever; and that if artificially instituted just before the accession of the chill, this might be averted, especially if the sulphate of quinine, the specific in ague, were used in combination with the ether. The impression of the latter might be rendered more permanent, the sedation more soothing and persistent, by adding some extract of opium not incompatible with the other ingredients, as the sulphate of morphia. The formula then might be thus expressed: ℞. Sulph. morphia gr.j, sulph. quinine gr.iv, sulphuric ether (washed) ʒj. M. With the two first articles, singly or united, a chill may be anticipated, yet both frequently fail. Another agent, however, is introduced into this combination which I contend would alone produce the desired result, namely, prevention of the paroxysm. But when administered in conjunction with the sulphates of quinine and morphia, the tonic and sedative entering the circulation at once, their peculiar impressions would be more readily made, their disagreeable taste avoided, a sense of pleasure felt by the patient, and, the ether contributing much to the benefit derived, a cure, I am confident, more certainly effected. The effect of this vaporizing mixture soon subsiding, so far, at least, as the relaxation brought on by the ether is concerned, it will be necessary to renew the inhalation an hour, perhaps, and subsequently fifteen minutes, previous to the time of the expected chill.

There are cases of tic douloureux also, in which periodicity is observed by the disease, and which are relieved by quinine and morphia. In these I feel sure a similar practice would be found effectual.

The subject is interesting and worthy of investigation. Substances have heretofore been introduced into the system by absorption, with a view to remedy diseases, and intermittent fever among the rest. Here, however, the dermoid method was used, though not with any marked success. The lungs offer a much more promising medium than the skin.

Since writing the foregoing, I have been informed of a case in point by Dr. B. F. Hall, an intelligent dentist of this city, who employs the 'letheon' in his profession, and to whom I communicated my views above expressed. A gentleman who had long been troubled with intermittent fever, and had subjected himself in vain to the routine practice in such cases, calling on him a few weeks ago to have a tooth extracted, requested that the operation might be speedily performed, as the time of his chill had almost arrived. He inhaled the ether, and the tooth was extracted as usual without pain. The gentleman escaped the ague which he had confidently expected, and returning some time afterwards, informed the doctor that —he knew not why—he was entirely cured of his chills.

Everything would tend *a priori* to favor the theory I have submitted; and though we should not predicate too much on a solitary case, it should nevertheless, under such circumstances, have no little influence. The ether in the case just narrated may, in addition to the relaxation of the system which it produced, have acted as a mental revulsive—another argument, however, for the employment of the ethereal combination which I have suggested.

Nashville, September 21, 1847.

BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Observations on the Poisonous Properties of the Sulphate of Quinine.* By WILLIAM O. BALDWIN, M.D., of Montgomery, Ala. From the American Journal of the Medical Sciences, April, 1847.

The object of the author of this pamphlet is to awaken the attention of the profession to the dangers of a practice become very prevalent in many parts of our country. He holds sulphate of quinine to be poisonous in certain doses, and as such warns physicians against its too liberal administration. If correct in these apprehensions, he has performed an opportune service to science and humanity, for most certainly very few practitioners participate in his fears. We are prepared to learn that his warning voice has been listened to with general incredulity, if not treated with derision. Men who have given quinine in doses of a drachm, and witnessed no untoward effects from such quantities, will laugh at the idea that it is a poison. And, in truth, we must say, that we were ourselves startled by the proposition. So familiar had we grown with this heroic practice, that we had come to regard it as quite harmless, but, at the same time, let us add, as quite unnecessary in a great majority of the cases where it is resorted to.

Ultraism is inseparable from human nature, and in no human pursuit is it exhibited more forcibly than in medicine, the history of which presents us with endless extravagances. A new remedy is introduced, and forthwith it is extolled as a panacea, to be decried in due time as a poison. It is found good in some cases, and must therefore be a catholicon; it has cured some diseases when administered in small doses; if given in

larger, it would doubtless cure more. The reasoning is not sound, and leads to bad practice. We are not yet ready to admit the truth of Dr. Balwin's conclusions, but we are satisfied that he has attacked an indefensible practice. Whether quinine be poisonous or not, it is given in doses wastefully large, and such a practice ought to be condemned.

About fifteen years ago, Dr. Fearn, of Alabama, administered quinine to his patients, in a malignant form of fever, in quantities much larger than had been the custon of the profession. The course was found to succeed well, and thenceforth the practice spread among his brethren in Alabama. Communications were published in the Transylvania Journal of Medicine—among the rest, one by Dr. Thomas H. Todd, now of Memphis, Tenn.—insisting upon the efficacy of large doses of the remedy in intermittent, and especially in congestive fever. The tide, which has rolled on ever since in favor of the practice, the author of the paper before us is disposed to check. We most cheerfully yield him the necessary space to exhibit the evidence upon which his convictions rest, and, as an important element of this—the "basis" of his belief, as he terms it—quote the following case:

"*Case of Convulsions, Blindness, and Death—the Effect of the Sulphate of Quinine.*—On the 2d day of July, 1846, I was called to see 'Sally Ann,' a little negro girl, aged about six years, the property of H. M. Elmore, Esq., living five miles from this place. This is the fifth day of her disease. Mr. E. states that her fever has been higher on alternate days (tertian remittent), pulse rising to about 160 on the days of the exacerbation of fever, and falling to about 120 on the succeeding days, the exacerbation commencing early in the morning and declining in the latter part of the succeeding night. He has given her some mild cathartics, and in one of her remissions he gave her quinine. This is the day for her exacerbation of fever to take place. Pulse now 130; skin hot and dry; tongue moist, and covered with a thick dark fur; abdomen somewhat distended and tender on pressure; complains of pain in the head, and thirst. ℞. Venesect. ad ʒiv or ʒvj; submur. hyd. grs. ij; p. opii gr. 1-6; M. To be taken and repeated at intervals of three hours; warm bath, mustard poultice to abdomen.

mucilaginous drinks. Directed Mr. E. to repeat the bleeding if her fever should rise in the course of the day.

"3d. Fever again yesterday; pulse rose to 160; bled again. Medicine produced two small, dark, thin evacuations, interspersed with mucus. Pulse this morning 130; condition in other respects about as it was yesterday. ℞. Sulph. quin. gr. ij, to be given and repeated every second hour; other prescriptions to be continued.

"4th, 8 o'clock, a. m. Pulse 132 (did not rise over that yesterday); *countenance anxious; irregular and heavy breathing; extreme restlessness*, constantly rolling her head from side to side, and frequently altering the position of her body with great quickness of motion. Had two motions, dark and rather more consistent, containing some mucus and two small round worms; condition in other respects the same.

"This is the day for her exacerbation of fever to come on, which heretofore commenced rising about 8 o'clock. I remained with her until 12 o'clock, (during which she did not take any more quinine), at which time her condition remained the same, except not quite so restless. Looking upon this restlessness, constant motion of the head, tossing of the body, etc., as an indication that the quinine was exerting an unfavorable influence, I determined to withdraw it, but to do so gradually, and in such a manner as to extend its influence through that day; consequently ordered the same quantity to be given at intervals of four hours, and to be suspended altogether after 4 o'clock in the morning. Supposing I had discovered slight symptoms of ptyalism, ordered calomel and opium powders to be discontinued. ℞. Mush poultice and mucilaginous drinks.

"5th. Pulse 128 to 130. *Exacerbation of fever did not come on yesterday;* last quinine was taken at 4 o'clock this morning. Except a slight abatement of the '*restlessness*,' etc., condition pretty much as it has been for the last several mornings; one motion from bowels, same character; no symptoms of ptyalism this morning. ℞. Calomel and opium resumed in same doses; to be enveloped in a poultice towards the middle of the day; mucilaginous drinks.

"On returning next morning I found her dead. Mr. Elmore stated that he put her in a poultice as I had directed, and that it had a fine effect, producing a free, warm and general diaphoresis, which lasted three or four hours. On discovering this, he concluded she was in a 'fine condition' for taking quinine, and soon after (2 o'clock, p. m.) gave her four grains, and, in the course of three hours after, four grains more.

Shortly after he gave her the last dose her skin became dry again, succeeded by restlessness. About 6 o'clock she had a convulsion. After this he noticed that the pupils of *her eyes were dilated*, and soon discovered she was *totally blind*. When asked if she knew her mother and other persons who were placed before her in a bright light, her eyes would wander about, she apparently endeavoring to fix them on some object, and then she would reply, 'I can't see them.' The *dilatation of the pupils*, *blindness*, *restlessness*, *convulsions*, *etc.*, continued until 8 o'clock, when she died. The convulsions were described by Mr. E. as being of a most violent character; but notwithstanding she retained in the intervals perfect possession of her mental faculties, and an unusual degree of pertness for children of her age.

"I was not prepared to make a thorough post mortem examination, and therefore made a partial one only of the stomach and bowels. Found considerable vascularity in portions of the small intestines and stomach, the former containing secretions of a yellowish and greenish substance, intimately blended with mucus; no worms; pupils enormously dilated."

Dr. B. goes on to comment thus upon the foregoing:

"A review of this case leaves no doubt upon my mind of the direct agency of the quinine in producing death. The quantity given immediately before death (8 grs.) would not of itself, I am disposed to think, have produced the fatal result, separate from the agency of that which had been given previously; but at the time these last portions were given, it must be remembered that the system was still charged with the quinine to some extent, for up to four o'clock that morning it had been regularly introduced into the stomach, at intervals, for nearly two days. The accession of fever which should have taken place on the 4th was prevented. Now, it is very sure that the patient either died from the effects of the quinine, or that the paroxysm of fever, which had been arrested or suspended on the 4th, came on on the 5th and killed her. The latter could not have been the case, for we find her an hour or two before she commenced taking the quinine (the second time) in a warm, free and diffused perspiration. The most conclusive evidence, however, to my mind, that the quinine *did* kill the patient, is the characteristic train of symptoms which immediately followed its administration, and preceded death—the extreme restlessness, dilatation of the pupils, blindness, and convulsions. The exacerbating feature of the

disease had been broken up, after which there was nothing to forbid the hope of her recovery, and, apart from the effects of the quinine, there was certainly nothing in her condition to account for her death *at that time.*"

He cites the following case, furnished by the experience of a professional friend:

"A man about 30 years old, habits and constitution good, 'has had a cold for five or six days.' On the morning of the 25th of October, 1843, was taken with a chill, the sensation of coldness continuing nearly all day, with a severe and acute pain in the right side, frequent cough, and severe headache.

"26th. Pulse 108, rather soft, and moderately full; skin hot; cough frequent; expectoration scant and fluid, slightly tinged with blood; severe headache, and great turgidity of the veins about the forehead; tongue nearly natural; bowels rather costive; thirst; slight dullness on percussion over lower part of right lung, and nearly over the whole lung the natural respiratory murmur is replaced by an irregular undulatory sound, resembling somewhat that produced by the application of a 'sea-shell' to the ear. In the left lung the sounds are healthy. Eyes very much injected; slight delirium. ℞. Calomel grs. v; p. opii gr. ¼. M. Repeat every third hour; mucilaginous drinks.

"Noon. Pulse 115; has taken three pills; expectoration of a reddish orange; otherwise same. ℞. Antim. tart. grs. ii; aqua pura ℥iv; m.; ℥ss every hour; ℥iv blood from the frontal vein.

"Vesper. Pulse 120, full and soft; respiration 36; dullness extending upwards; no sound present over dull part except a slight friction sound, more audible during inspiration; over sonorous part of lung, on applying stethoscope, only the undulatory sound heard, respiratory murmur being absent; cough frequent and attended with great pain; expectoration same; tongue moist; collection of sordes on upper teeth; breath fetid; quite delirious, talking incoherently, and is anxious to get up and leave the bed; complains much of head and side. Took four successive doses of medicine, but vomited a large quantity of bile just before the time to take the last dose. ℞. Continue antimonial every hour.

"8, p. m. Pulse 104; respiration 28; sweating very freely; says he feels easier since he had a large, thin, yellow operation, about half an hour ago.

"10, p. m. Sleeps apparently easy for a few minutes, and then awakes and talks deliriously; pulse 98, full and soft; respiration 26; tongue rather disposed to be dry on dorsum; skin moist; complains of sharp pains darting through head; side easier. ℞. Continue antimonial every third hour; quinine grs. xij at 11 o'clock, grs. viij at 2 o'clock, and grs. viij at 5 o'clock in the morning.

"27th. Pulse 104, more firm; respiration 28; skin became dry at a quarter after 10 o'clock last night, and so continues; continued to have short naps, between which he would be awake and delirious; had three thin dark evacuations; after the second he took fifteen drops tr. opii, same quantity after third. He missed one dose quinine (viij grs.) last night; complains much of the same darting pains through head and side; took about ℥xij blood, from which he experienced no immediate relief of pain; pulse softened a little under it, the frequency remaining the same; no nausea; a little deaf; cough suppressed. ℞. Now, 7 o'clock, take quin. grs. viij. Antimonial mixture, ¼ gr., every hour; tinct. opii gtt. x after each evacuation.

"Noon. Pulse 100, softer; respiration same; skin moist; one more evacuation; sleeps steadily now, except when he is awakened to take medicine. ℞. Continue same.

"3, p. m. Asleep, and sleeps soundly nearly all the time, except when awakened to take medicine; pulse 100, full; respiration 28; skin hot and dry; tongue moist and white; cough frequent; expectoration scant, opaque, and without blood; slightly deaf; nausea. ℞. Continue same.

"Vesper, 5, p. m. Is scarcely at all delirious; forehead moist; thirst; complains much of weakness, emptiness and nausea; pulse 98; respiration 24; sleeps well; has been up several times, but no evacuation. ℞. Give quinine grs. viij; continue antimonial.

"8, p. m. Pulse 98; respiration 20; otherwise same. ℞. Quin. grs. xxxvj, calomel grs. xij, tart. emetic grs. iss, p. opii gr. j; m.; in pls. no. xviij div.; three every second hour; continue antimonial, gum-water, etc.

"28th. Pulse 85; respiration 20; one evacuation; less dullness; expectoration easy and free, opaque and yellowish; tongue moist and white. ℞. Continue same, leaving tartar emetic out of pills, and instead ℞. antim. tart. grs. iij, water ℥iv; m.; ℥ss every hour.

"Noon. Pulse 98; respiration 26; skin hot; expectoration more difficult and scant; has just thrown up some bile; considerable nausea; an orange-colored matter deposited on the

teeth, at the junction between them and the gums. ℞. Continue same, omitting one dose of the antimonial solution.

"3, p. m. Called to see him. He had a little while before been taken with a *jerking motion* of the whole body, which lasted several minutes, and immediately after his *vision was so imperfect* that he could scarcely distinguish anything. When I arrived, whole surface hot; respiration irregular, from 11 to 20; pulse 100, full and rather firm; temporal veins turgid, and temporal arteries throbbing; *great restlessness*, anxiety and alarm; thirst increased; tongue more dry, white and rough; *pupils dilated;* he dozes two or three minutes at a time, then starts up, breathing more quickly and audibly; cough frequent and dry; respiratory murmur heard over the greater extent of lung. The convulsive movements of body came on every ten or twelve minutes, sometimes apparently of the whole body, at others confined to the arms; in the latter case, by grasping the arms with moderate firmness, or pressing them against the bed, the motions could be arrested immediately. He was not insensible during the convulsions, nor was there foaming at the mouth, but occasionally a vacant and staring look, and rolling up of the eyes. By half after four o'clock *he was completely blind.* On drawing (4½ o'clock) an ounce of blood from a small orifice, it jetted out with force, and was the color of arterial blood, and much buffed when cold. From half past four o'clock till six he had but one slight convulsion. After taking an ounce of blood, I thought the pulse softened, but regained its same character by the time I had tied the arm."

Dr. Baldwin entered upon the use of quinine without any prejudices against the remedy, and was liberal in the application of it to febrile diseases. Like his brethren in the same region, he was even disposed, as he now concludes, to exaggerate its efficacy in mammoth doses. He adds:

"Notwithstanding this acknowledged partiality for it, I have never administered it in the enormous doses prescribed by those who boast of having given their thirty grains repeated every half hour until two hundred and forty grains were introduced into the system, or their several ounces in the treatment of one case of fever. I have very rarely given more than ten grains at a single dose; my usual mode having been to give from four to six grains, and repeat at intervals of two, three, or four hours, until twenty-four or thirty-six grains had been introduced into the system, in adults. Occasionally I

have given it in larger doses, but these cases have been extremely rare, believing that the quantities specified above, given in one intermission or remission at the proper periods, and aided by suitable auxiliaries, could accomplish ordinarily all that the remedy was capable of, and these enormous doses, to say the least of them, unnecessary. Sometimes, owing to want of time, I have given from twenty to twenty-four grains at one dose, but in such cases have never repeated it in the same dose.

"Second to none other, quinine must ever hold the first rank in our materia medica in the treatment of southern diseases. I am accustomed to witness its peculiar and almost wonderful influence in arresting certain forms of diseases; but yet that it has gone far beyond its proper bounds, and is now being used too recklessly and indiscriminately, I feel most fully persuaded, and that it may be directly and fatally poisonous I am entirely convinced. Yet I doubt not many an enthusiast of the 'Dr. Bazire' order will smile indignantly at thus seeing such properties attributed to his favorite and 'harmless' remedy.

"To show how completely the world has run riot upon this subject, we quote the following remarks by Dr. Dickson, in an article in the Southern Journal of Medicine, vol. i, no. 1:

"'A medical friend in Alabama assures us that he had administered thirty grains of the solution of quinine every hour for seventeen successive hours; and we have heard authentically of a western physician who emptied into the stomach of a patient, laboring under bilious remittent, an ounce bottle of sulphate of quinine in one night. From thirty to fifty grains are now spoken of as not unfamiliar doses, and even one hundred grains are occasionally given at once, and, we are assured, both with safety and striking success. It is in France, however, that the largest amounts of this salt have been employed. Guersent and Reveillon speak of a Dr. Bazire as having been remarkable for his enthusiastic and exclusive confidence in quinine as a remedy for the violent and pernicious intermittents of the department in which he practiced. Madame Bazire being seized with the prevailing malaria fever, took from him, 'in a very short space of time,' two hundred and forty grains (sixteen grammes) of sulphate of quinine. Soon after, the symptoms increasing, he gave her at one dose three hundred and seventy-five grains (twenty-five grammes), more than three-fourths of an ounce. At this juncture, fortunately for her, he fell sick, and the care of her devolved on other hands. He hastened to administer to himself, by the

mouth and by the rectum, nine hundred grains of the sulphate of quinine (sixty grammes), nearly two ounces, in a very short space of time; and still 'further took, during the space of eight or nine days, five ounces.' He died a martyr to his reckless and implicit reliance on the drug; and she recovered imperfectly, having been for a long time both deaf and blind, the senses both of sight and hearing still remaining feeble.'

"In the same article, Dr. Dickson—although in speaking of the experiments of Melier, and in other places in the article just referred to, he expresses his fears of too large or 'misapplied' doses of this drug becoming 'dangerous and destructive,' and is too cautious and prudent to give these heroic doses himself—yet says: 'But Madame Bazire took a dose of three hundred and seventy-five grains, with something less than fatal effect—an experiment not likely to be repeated by any practitioner in his senses. There seems, then, to be no risk of mortal error in regard to mere quantity, or next to none.' How far Madame Bazire was indebted for her lucky escape to the fortunate rejection of the medicine by the stomach, or how much of the alkaloid was rendered inert by the want of a solvent, or how far its action was modified by the engrossing nature and extent of the preoccupying morbid action which may have been present in the system at the time, we are only eft to conjecture. We are not told, either, how much of this quantity was given by the rectum, which would render its action less powerful. This, however, seems to have been a favorite mode of giving it with Dr. Bazire, and, indeed, one might suppose an ordinary stomach scarcely capacious enough to receive his enormous doses. But all this as it may be, we do know that other unfortunate individuals, to whom, perhaps, the fates were less propitious than to Madame Bazire, have fallen victims to infinitely smaller doses. M. Briquet reports two fatal cases, in one of which death occurred after a 'comparatively small quantity of quinine' had been taken; in the other, about one hundred grains, given during the space of two days; and in another case, which occurred in the practice of M. Recamier, death occurred after the administration of nearly ℥ij in doses of five grains repeated every hour."

Dr. Baldwin thus sums up:

"From all that I can gather, I am disposed to think from fifty to eighty grains of a pure article of quinine, given in solution at one dose, will produce death nine times out of ten in healthy adults, and occasionally even smaller quantities. How

far its operation may be modified by morbid action is a matter for consideration at the bedside.

"I will not accuse any member of the profession of a want of common honesty in not reporting the fatal cases from the poisonous effects of quinine which may have occurred under his observation; but all the circumstances constrain me to believe that many results of this kind have occurred, of which the profession has never been advised, and that it has often been the cause of injury, and even death, when its agency has not been recognised, especially in the hands of those who were prepared to witness only its salutary operation. A fatal case is reported in a late number of one of our medical periodicals as descriptive of a form of congestive fever, which it is alleged the quinine failed to cure, but which to my mind it most clearly produced. The valuable paper by Prof. S. H. Dickson, so often referred to here, contains some valuable hints touching this subject; in one paragraph he says: 'Look for its injurious operation upon the human system as displayed in a set of phenomena closely resembling the series of symptoms which characterize the very class of fevers in which it is most clearly indicated.' And who can doubt, after knowing the doses in which the unfortunate Dr. Bazire employed it, that the 'power of his remedy' produced the very state of things which he blindly persisted in believing it would relieve if only given in sufficient quantities, until, with this wild though honest conviction, he doubled for himself the already fatal dose? Perhaps in other places as well as in Martainville (Dr. Brazire's residence) we would have fewer cases of 'malignant fevers' if quinine was used with more moderation.

"Under the impression that quinine is a poison, and one capable of producing death when given in over doses, and that it is frequently prescribed nowadays in quantities calculated to produce this result, and knowing that it is not regarded by a large portion of the profession in the same light, I am induced to offer these observations and reflections in regard to it—not with the view or desire, however, of lessening its judicious employment; for under a careful and proper administration of it, I know of no single remedy half so valuable to the practitioner of medicine as that of quinine, but like other remedies capable of effecting much good, it may also be made the instrument of incalculable mischief. And if this article should serve to abate the boldness, not to say criminal recklessness, of one 'Dr. Bazire,' I shall feel that I am amply paid for the time and trouble its preparation has cost me."

ART. VII.—*A System of Surgery.* By J. M. CHELIUS, Doctor in Medicine and Surgery, Public Professor of General and Ophthalmic Surgery, Director of the Chirurgical and Ophthalmic Clinic in the University of Heidelberg, etc. etc. etc. Translated from the German, and accompanied with additional Notes and Observations. By JOHN F. SOUTH, late Professor of Surgery to the Royal College of Surgeons of England, and one of the Surgeons to St. Thomas's Hospital. Philadelphia: Lea and Blanchard. 3 vols. 8vo. 1847.

It is quite evident that German literature and science are growing in public favor, both in England and this country. The appearance of the work before us, first in London and now in Philadelphia, bears testimony to this fact. We are coming to appreciate the labors of our German brethren at their true value, and this work on surgery will do much to raise that estimate very high. The author has had ample opportunities to render it as perfect as it can be made, having elaborated it through six editions. At first, the object he had in view was the production of a work embracing a short and clear description of surgical diseases and their treatment, and referring to the best works on the subject in Germany and foreign countries, which should serve as a text-book for pupils attending his lectures. In subsequent editions deficiencies were supplied and new discoveries embraced, until the work grew to be one of the most complete in surgical literature. From 1821 to 1843, a period of little more than twenty years, six editions were called for in Germany, and in that time it was translated into six different languages. To these translations Prof. South has brought the profession of his own and this country under obligations by adding a seventh, the value of which is signally enhanced by his additions to the original.

Professor Chelius protests with characteristic good sense against the divorce of medicine and surgery. We cannot give a better idea of his sound judgment than by quoting the paragraph in which his views on this subject are expressed:

"The inadmissibility of dividing medicine from surgery is most palpable, when we endeavor to determine the object of

the latter and the diseases comprehended within its boundaries, as it never can have a perfectly determined limit in opposition to the other. All diseases which are cured by the application of mechanical means have been called surgical diseases, a definition at once too narrow and too comprehensive, as many so-called medical diseases are removed only by the application of surgical means, and many diseases are evidently within the jurisdiction of surgery, which very often can be cured only by internal or external pharmaceutical means. The distinction between external and internal diseases, which has been established as the ground of division between surgery and medicine, is entirely without meaning."

Of a work so extended as this it would be useless to attempt anything like an analytical review, and in our present circumscribed limits we propose nothing more than the most general notice. From the extracts appended the reader will be able to judge of the style of the author, which he will find distinguished by clearness and brevity.

On the bites of insects and vipers he makes the following remarks:

"The severity of the symptoms after the bite of a viper depends on various circumstances—for example, whether more or less fluid has been poured from the poison bag into the wound; whether the viper was excited or not at the moment when he bit. In winter the poison is less active than in summer, but very rarely is the bite fatal. Immediately after the bite a severe burning in the wound occurs, the bitten part inflames and swells, and the inflammation spreads over the whole limb; the lymphatic vessels are red and swollen to the next glands; the glands themselves swell; high fever comes on, delirium, small pulse, vomiting, pain in the region of the heart, and often in that of the throat; not unfrequently convulsions, jaundice, anxiety of mind, fainting also are noticed.

"The best mode of destroying the poison in the wound, and for preventing its absorption, is, after cutting upon it, to cauterize it with strong liquor ammoniæ or with butter of antimony; the compression of the limb above the bitten part by means of a cord, and the applicatin of a cupping-glass. The neighborhood of the wound is to be rubbed with oil; the part may be touched with oil in which caustic ammonia has been mixed. Fluid volatile alkalies are to be given internally.

and the patient kept in bed, in order to keep up properly the accompanying perspiration."

We would add, that for the sting of the bee and other insects *aqua ammoniæ* is a most effectual remedy, at once annulling the pain.

The poison of the mad-dog appears to be mucus from the lungs, and not the saliva. He says:

"The spittle (but according to Trolliet, who found the salivary glands unchanged, the mucus secreted from the inflamed mucous membrane of the bronchi) is the vehicle of the mad poison, which has been proved beyond all doubt by Hertwig's experiments. This poison is of a definite character, can impregnate various substances, and retains its activity for a long while. It need not be applied directly to an open wound to manifest its effects; it may be taken up on parts which have a very thin epidermis, even without a wound. The poison seems to remain entirely inactive when applied to the uninjured mucous membrane of the digestive organs. The contagion is also held in the blood of the mad beast, as proved by Hertwig's experiments with inoculation. Every bite of a mad beast does not produce madness; perhaps a peculiar idiosyncrasy is madness; but the bite may be also where, the part being covered with clothes, the spittle is retained in them, and the wound is not poisoned. In beasts which have become mad from contagion, the contagion is developed, and can again propagate the disease. In reference to grass-feeding beasts, the experiments have a different result. The propagation of madness from the contagion of man to beasts, and especially to dogs, is proved by experiments; but no case is known in which it has been propagated from one man to another."

Among the consequences of injuries of the head he refers to the well known affection of the liver:

"*Abscesses in the liver*, and also in other intestines of the belly, not rarely occur after previous injuries of the head. They often happen without the intestines having suffered any shock; and often they do not take place, although there has been a severe shock. They more frequently appear after injuries of the head which suppurate than after concus-

sion without wound. They are frequently observed in affections of the brain which depend on internal causes—for instance, in chronic inflammation of the membranes, in the so-called fungous growth of the dura mater, and so on."

To which the Translator adds:

"'In the liver,' says Hennen, 'morbid appearances are found throughout every shade of affection of its membranes or its secretion, either pain and tumefaction with bilious diarrhea, or the same with a perfect torpor of its functions, and inflammatory affections, from increased vascularity to the formation of extensive collections of matter. In the spleen, pain, tumefaction, hardness and abscesses are occasionally observed. The stomach suffers more frequently than any other organ; but it appears to be more from general nervous sympathy than from any organic affection, which is seldom discovered on dissection.'

"Hennen further and very justly remarks: 'It often happens, however, that neither the liver nor any other organ seems to sympathize with the injuries of the head, while in other cases almost every viscus will appear to suffer more or less. The sympathetic affections vary in the organs which they attack and in the degree of violence. In the thorax they appear from simple increased secretion of the lungs, to tubercles and extensive purulent formation in their substance. Serum is also found in the cavity, and very frequently in the pericardium, and even in the heart itself abscesses have been discovered.'

"The same writer mentions that 'priapism is occasionally observed in wounds of the head,' and mentions a case in which, 'on dissection, the dura mater was found extensively separated all over the head. This separation included the tentorium cerebelli, and beneath its edge about four drachms of coagulated blood were found, the principal part of which lay on the cerebellum.'

"As to the 'loss of the generative faculty, and atrophy of the organs connected with it, which have been attributed to blows on the back of the head,' Hennen observes: 'The fact is certain; but whether the anti-aphrodisiac effects proceed from injury to the organs of sexual love or to a general loss of power, is a subject for future inquiry.'"

Neither of these writers refers to the theory of Budd re-

specting the origin of hepatic abscesses in such cases—namely, obstruction in the veins of the liver by pus globules.

This learned and valuable work is for sale at the well furnished bookstores of Messrs. Maxwell and Prescott in this city.

ART. VIII.—*The Institutes of Medicine.* By MARTYN PAINE, A.M., M.D., Professor of the Institutes of Medicine and Materia Medica in the University of New York; Member of the Royal Verein fur Heilkunde in Preussen; of the Medical Society of Leipsic; of the Montreal Natural History Society, and other Learned Associations. New York: Harper and Brothers. 8vo. pp. 826. 1847.

Dr. Paine is known as one of the most industrious and voluminous of American writers on medicine. His "*Commentaries*," in two large volumes, have been for several years before the profession; he is also author of a volume on Materia Medica. In all his works, Dr. Paine exhibits equal industry, learning and singularity. "*Solidism and vitalism*," as he declares in the first sentence in the volume before us, form the basis of all his medical philosophy. He is no believer in the maxim that truth lies between extremes—*in medio tutissimus ibis*—but is, out and out, a solidist. He will have no terms, no truce with humoralism. "Chemical and mechanical philosophy," in his view, "are strangers to the philosophy of medicine. They have no relationship, no sympathies, but carry on a perpetual hostility."

In this position Dr. Paine stands almost alone, and although he speaks of the system he opposes as tottering to its fall, we do not learn that he is gaining supporters to his standard. On the contrary, from all that we see, the school of which he is so warm and learned an advocate grows continually weaker, insomuch that there is every prospect that the present generation of "vitalists" will be the last.

Dr. Paine is a bold as well as industrious writer, and does not decline the most rigid scrutiny of his doctrines. We admire his spirit, although we cannot always approve the temper

exhibited in his discussions. It may be that severity of criticism has provoked him to a harshness of language which he would not have used without provocation, and which certainly is not suited to his subject.

At present we have not room to enter into an examination of his "Institutes," which, we may remark, is a vast repository of facts and arguments, from which the solidist may derive all that can be found to sustain this view of the *philosophy of medicine.* We may return to the volume at another time, and give the reader a fuller view of its singular contents; meantime, all who take an interest in such topics—and we hope the number is large—will apply to the work itself. When we say that it is elaborate and learned, we do the author simple justice, as we believe we do when we add that he is honest and sincere in his convictions, and in all his labors is actuated by love for his profession. Indeed, if he has not used his pen *con amore*, we know not what living writer has. This work is on sale at the bookstores of Messrs. Maxwell and Prescott, Louisville.

ART. IX.—*Lectures on the Principles and Practice of Physic, delivered at King's College, London.* By THOMAS WATSON, M.D., Fellow of the Royal College of Physicians; late Physician to the Middlesex Hospital, and formerly Fellow of St. John's College, Cambridge. Third American, from the last London edition. Revised, with Additions, by D. FRANCIS CONDIE, M.D., Secretary of the College of Physicians; Author of a Treatise on the Diseases of Children, etc. Philadelphia: Lea and Blanchard. 1040 pp. 8vo. 1847.

Since the first reprint of this work was made in this country, a number of treatises on the Practice of Physic have appeared, but not one superior to it in merit. The high opinion of it expressed by the reviewers in London, on its first appearance, has been fully sustained by the American profession, and it stands now confessedly in the first rank of the publications relating to the practice of medicine. The editor has

enhanced its value by his contributions of facts and observations furnished by his own and the experience of his brethren on this side of the Atlantic. Like all the issues of the enterprising house to which we are indebted for these Lectures, the volume in its mechanical execution is all that the reader could desire. Our thanks are due to Messrs. Maxwell and Prescott for their politeness in placing a copy of it on our table.

ART. X.—*Outlines of the Veins and Lymphatics, with Short Descriptions. Designed for the Use of Medical Students.* By JOHN NEIL, M.D., Demonstrator of Anatomy in the University of Pennsylvania; Lecturer on Anatomy in the Medical Institute of Philadelphia, etc. etc. Philadelphia: E. Barrington and G. D. Haswell. 29 pp. 8vo. 1847.

This well executed little volume belongs to a series, of which we have had occasion to speak more than once in terms of approbation. Concerning the utility of such works there can be no question, and the skill with which the present series has been executed is such as to extort praise from all quarters. Students of medicine will find it a profitable companion.

ART. XI.—*The American Medical Almanac for* 1846; containing Statistics of the various Medical Colleges, Hospitals, Dispensaries, etc. of the United States, together with other information of value to the Physician and Student. Philadelphia: Lindsay and Blakiston.

The title expresses the character of this publication, the interest of which to all classes of medical men will be at once perceived. Every physician ought to be in possession of a copy of it, embracing as it does statistics to which all must frequently have occasion to refer. The admirable Code of Medical Ethics, adopted by the late Medical Convention, is contained in the present volume of the Almanac, and of itself is worth more than the cost of the work.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Prevention of Miscarriage and Premature Labor.—By W. GRIFFIN, M.D., Physician to the County of Limerick Infirmary.

When miscarriage or premature labor takes place at fixed periods, from the influence of acquired habit, may not the periodical movements be prevented by such remedies as prevent the recurrence of an epileptic fit or a paroxysm of ague?

I was called on some years since to attend Mrs. C., a lady who was ill with the usual symptoms of miscarriage at the third month. She informed me that she had a miscarriage at the end of the third month of her first pregnancy. She reached nearly to her full time on the second occasion, fell into puerperal convulsions in her labor, and was delivered of a dead child. In her next pregnancy she had a miscarriage at three months; in her fourth at three months; and now in her fifth she was again threatened exactly at the same period. She informed me that everything had been done to prevent it. She had been bled repeatedly, kept for weeks upon low diet, and was confined during the time entirely to the horizontal position. She lived, in fact, between the bed and the sofa. In this new attack some friends recommended her to send for me, with the hope of having some plan of treatment devised by which she might be enabled to go on to her full time. The amount of the hemorrhage was, however, so considerable, and the uterine pains so general and regular, I told her it was impossible to prevent the miscarriage, but if I was informed of her condition on any future

occasion, when six weeks or two months should elapse, I might, perhaps, succeed. Miscarriage, I believe, took place on that night or on the next morning.

In three or four months afterwards I received an intimation from this lady that she was two months pregnant. On considering the probable causes of the previous miscarriages, I could not detect any very obvious one. Her health was excellent, her habits regular, her diet moderate. The extreme regularity with which the miscarriage always occurred at the end of the twelfth week rather confirmed the only conjecture I could form, that it depended wholly on the influence of an acquired habit; and the question necessarily arose, how was this acquired habit to be interrupted or controlled? All the ordinary measures had already been adopted, and the poor lady had been subjected for weeks to the most irksome and tantalizing restrictions, without the slightest advantage. In this difficulty it occurred to me, that as periodical attacks of epilepsy may often be prevented by a long course of any of the metallic tonics, the periodical movements connected with the action of the uterus might be also under their control. I therefore directed my patient to take two and a half grains of the oxide of zinc, with two grains of extract of hops, three times a day, and after each pill, two tablespoonfuls of a mixture of valarian, aromatic spirits of ammonia, and infusion of snake-root. She was also ordered a box of pills, containing a grain of opium in each, one of which she was to take when pain came on, and to repeat the dose every hour until relief was obtained. As she was of a nervous habit, I thought, if my view of the case was a correct one, that both bloodletting and confinement to the sofa would rather tend to increase than lessen the danger, by weakening the general tone of the system, and rendering her more susceptible of slight impressions. I therefore advised her, instead of laying all day upon the sofa, to keep out in the open air on fine days as much as possible, without, however, fatiguing herself, and to live in the manner she usually found to agree best with her. Under this plan of treatment she passed the twelfth week without the slightest threatening, to her great joy and the gratification of her friends. Happening, however, in about a fortnight afterwards, to visit a sister who was very ill, she was so shocked at her appearance that she was immediately seized with the usual symptoms premonitory of miscarriage. She had a discolored leucorrhœal discharge, which, in a few hours, was followed by uterine pains, being exactly the symp-

toms which had ushered in all her former attacks. She took the opium pills as I had directed her, and before morning the pains and discharge had all subsided, and in a day or two she was as well as she had been before. She then resumed the zinc and valerian for three or four weeks, after which period I did not consider it necessary to continue them. She went on to her full time without the slightest uneasiness, and was finally delivered of a fine child, which is now well and thriving.

Very soon after this lady had applied to me, and when I had just obtained strong presumptive evidence of the success of the treatment adopted, Mrs. H. consulted me with a view of obtaining advice as to the best means of preventing premature labor, which she feared was about to come on. It had already occurred to her four times successively; the infant dying in the middle of the sixth month, and her delivery of a dead child taking place at the end of it. She had now completed the fourth month of her pregnancy. On making some inquiries to ascertain whether she had had at any time a syphilitic affection, I could only glean, that she had suffered with soreness in the vagina for three or four months after her marriage for which mercurials had been prescribed. This was obviously a very different case from the one already related. In the latter, hæmorrhage and pain came on first, and the child died as a consequence. In the former, the child died in the first instance, and premature labor followed. In Mrs. C.'s case the mere influence of habit, the tendency in the constitution to be influenced periodically, brought on labor. In Mrs. H.'s case the infant died through some unkown cause, and labor came on because of its death. There did not appear, therefore, to be any analogy which could suggest a treatment precisely similar. Taking into consideration the probability of the child's death being occasioned by some syphilitic taint in the habit, I therefore decided on giving calomel and opium in small doses, so as to affect the gums slightly; and consequently, with a view of preventing the accession of labor at the end of the sixth month, from the influence of habit, to adopt the same plan which had been pursued so successfully in the case of Mrs. C. After a fortnight or three weeks the gums became sore, upon which the calomel was suspended, and pills of oxide of zinc, with the valerian mixture prescribed for Mrs. C., were substituted. Under this treatment Mrs. H. passed the usual period at which labor came on, and continued in good health to the 7th of July, when she was attacked with griping pains and slight flooding. These symptoms subsided by keeping per-

fectly at rest, and taking a few anodyne pills. On the 17th of the same month, when she had reached within four weeks of her full time, she was seized with threatnings of labor, and on the 19th was delivered of a living child, which died after some hours. This lady resided in the country, at a considerable distance from me, and could not receive that immediate attention and advice, which, if she had been in town, would probably have enabled her to go to her full time.

About the same time these cases were under my care, I was consulted by Mrs. A., who had also been seized with premature labor, in consequence of the infant dying in the seventh month, for three successive years. In her last labor she was seized with violent puerperal convulsions, during which she was delivered of an infant, which had evidently been dead for many days.

I had not the medical management in the earlier labors, and was merely called in a little before the lady's confinement; in the last I had, therefore, no opportunity of adopting any preventive treatment. When she was again pregnant, however, and approached the seventh month, I adopted the same treatment as I had done in the former cases, partly to counteract, if possible, any tendency to labor arising from acquired habit, and partly that I thought it not impossible the same influence which was capable of controlling a periodical movement in the system comprehending months, might also control causes tending to the death of the child. The lady took the oxide of zinc pills and valerian mixture, three times a day, for some weeks before the period when labor might be expected; and she had opium pills by her, one of which she was directed to take whenever she was seized with uterine pains. These last she had no occasion to take, having gone on remarkably well to her full time, when she fell into a natural labor, and was delivered of a living child; it expired, however, almost immediately after. It was obvious here, that the treatment had actually accomplished both the objects I had in view; it had broken up the morbid habit, and it had so interfered with the poisonous influence which had heretofore so invariably, in the seventh month, caused the death of the child, that the latter was born alive. Its death so soon after birth, without any obvious cause, suggested the possibility of some syphilitic taints in the parents, which led to very particular inquiries. The father, it appeared, had not had a syphilitic affection for ten years before his marriage, and never had one since. Acting, however, on the possibility that, even after that long period, some deleterious influence might have been communica-

ted to the mother, and thus evinced itself in the feeble vitality of the offspring, I placed the lady, as soon as she was out of her confinement, under a mild course of calomel (one grain every night, until her gums became tender,) and again, when she reached the dangerous period, resorted to the zinc and valerian. I had now the happiness of finding all my hopes realized; she went to her full time, and had a fine living infant, which has since been going on well.

In the first of the cases I have given, in which abortion occurred apparently from the acquired habit, the treatment was quite successful. The disposition to premature action in the womb was controlled exactly as the movements to a fit of epilepsy or of ague might have been arrested by some similar means. Quinine, carbonate of iron, or nitrate of silver, might have accomplished the object probably as well as the oxide of zinc and valerian. The latter were prefered chiefly because I believed they would be less likely to injure the fœtus, but also because I had considerable confidence in the influence which both, and especially which large doses of valerian, possess over the nervous movements. In the second case, the lady, who had fallen into labor on four successive occasions at the sixth month, in consequence of the death of the child, carried her child to the eighth month, and it was born alive. This instance, however, can hardly be adduced as evidence of the influence of the zinc and valerian, as it seems probable the death of the child, and consequent premature labor, were owing to some syphilitic taint, which was removed by the mercurial treatment. In the third case—that of Mrs. A. Z.—the inference as to the truth of the principle assumed may be considered more satisfactory, as she reached her full time, and had even a living child before the mercurial treatment was adopted.

These cases are so few in number that I offer them to the profession, as evidence of the novel application of a principle long recognized in the treatment of epilepsy, ague, and other periodical diseases, with some diffidence. The legitimate manner, however, in which the analogy was inferred, and the remarkable success attending the remedial measures it suggested, were too striking not to make a deep impression on my own mind.

The extreme difficulty, too, which practitioners so often find in the prevention of abortion and premature labor, as well as the deep interest which married people naturally attach to successful treatment in such cases, invest suggestions supported by even a very limited experience with some importance.

The valerianate of zinc, which was not in use at the time these cases were under treatment, would have been a far more desirable preparation, and probably quite as effective. Where it is necessary to continue medicines of this class for a long period, it is a great object to be in possession of such an elegant substitute for so disagreeable a mixture as the valerian. *Dublin Med. Journal.*

Union by the First Intention.—In alluding to union by the first intention, when treating of amputation of the thigh, M. Sedillot says:

The most exact approximation cannot prevent an excavation which serves as a reservoir for the fluids exuding from the wound. A pultaceous, grayish matter, a species of false membrane, formed of the fibrous portion of the blood, which should be eliminated, is retained within the wound, and converted into a purulent and fetid sanies, which may give rise to severe consequences, such as phlebitis, purulent infection, etc.; the bone, macerated in the pus, becomes denuded of the periosteum and necrosed; all this while adhesion of the skin, which is easily produced, masks what is going on in deep-seated parts, until tension, tumefaction and heat reveal it. Unless incisions are practiced, or the cicatrization torn open, collections of matter are formed, and the *morale* of the patient—who, believing himself nearly cured, finds that all is well nigh to suffer again—becomes injuriously influenced.

More security attends a different practice. After the ligature of the vessels, the blood is to be carefully stanched, and the wound is neither to be closed by strapping nor crammed with lint. A barrel compress spread with cerate and a few pieces of fine lint are alone to be applied, the muscles of the limb being supported by a roller. During the first days the surface of the wound becomes covered with a grayish pultaceous crust, which, however, is soon detached, leaving red, healthy granulations, the precursors of cicatrization. The fears of the patient of the first dressing have been especially objected to this plan; but such objection is only valid when the dressing is performed prior to the complete establishment of suppuration, and ceases to be so if this be delayed to the fourth or fifth day, when the compresses are nearly detached by the suppuration, and their removal gives relief instead of pain to the patient. After this the wound should be dressed daily, for frequent dressings are the best means for the prevention of danger from the sojourn of pus.—*Medico-Chir. Review.*

Doctor Andrew Combe.—Of the death of Dr. Combe, our readers have been apprised through the public papers. On us devolves the duty of indicating the special merits of our deceased brother, and the loss to the profession by his death. Here, if any intelligent reader were at our side, he might interrupt us by remarking on the signal services rendered to mankind by the writings of Dr. Combe, and allege that still, in a greater degree, must his loss be felt by the members, generally, of every community, than even by his professional brethren. Literally, and in its full meaning, may it be said, that man, woman and child, are under the strongest obligations to this popular writer, for his singularly lucid and practical teaching of hygiene, in connexion with physiology, as evinced in his different works, of which we shall soon speak under their respective titles. In another point of view, the labors of Dr. Combe furnish a lesson of encouragement to those who, owing to failing health, might be deterred from prosecuting their literary and professional labors, and of reproof to others who plead every slight indisposition and mental depression as excuses for not discharging their duties in these respects. He became a victim to the inroads of pulmonary consumption soon after the age of manhood; but yet he continued to be the zealous student, and at intervals the industrious and successful writer, during the whole of the period between the date of his first attack of disease, in 1820, and that of his death, on the 9th of August, 1847, a little before he had attained his fiftieth year.

Dr. Combe was born in Edinbrrgh on the 27th of October, 1797, being the fifteenth child, and seventh son, of parents whose entire progeny numbered seventeen. Having gone through the usual course of instruction at the High School, he was bound apprentice, in conformity with the usage in Great Britain, to the late Henry Johnston, Esq., surgeon in Edinburgh, and in 1817 he had acquired an amount of knowledge which entitled him to be licensed as a surgeon. With the view of farther qualifying himself for medical practice, he next repaired to Paris, where two years were laboriously spent in attending on the hospitals and listening to the instruction so prodigally given out in the lectures of the many professional celebrities of that capital. In 1823 he began to practice in Edinburgh, and about two years later took there his medical degree. Success attended his professional labors, marked as they were by sagacity, kindliness and conscientiousness; and he was in the course of a few years in the enjoyment of a flourishing practice. But a return of symptoms of pulmonary

disease obliged him, in 1831, to proceed to Italy, where he had been once before from a similar cause. He was, however, able to pass the winter of 1832–3 in Scotland, and in the latter year to resume his practice. "In 1836 he was honored with the appointment of Physician in Ordinary to the King and Queen of the Belgians, and for several months attended the royal family in Brussels; but the climate proving unfavorable to him, an alarming return of his pulmonary symptoms abruptly sent him back to recruit his health in his native land. Subsequently he continued to act as consulting physician to their Majesties, and occasionally paid them a visit. About six or seven years ago he was appointed one of the Physicians Extraordinary to the Queen in Scotland, and afterwards one of her majesty's physicians in Ordinary in this part of the united kingdom. He was, also, a fellow of the Royal College of Physicians of Edinburgh, and a corresponding member of the Imperial and Royal Society of Physicians of Vienna."

The works by which Dr. Combe is best known to the public, are—"The Principles of Physiology applied to the Preservation of Health, and to the Improvements of Physical and Mental Education," of which twelve editions have been called for since its first appearance in 1834; "The Physiology of Digestion, considered with Relation to the Principles of Dietetics," originally published in 1836, and now in the seventh edition; and "A Treatise on the Physiological and Moral Management of Infancy, for the use of Parents," of which the first edition came out in 1840, and the sixth or People's edition, in June of the present year.

These works have been republished in the United States, and the first and third mentioned have gone through many editions. This last was edited by Dr. Bell in a manner that gave much satisfaction to the author. As it is the fashion, just now, with some of our home critics, and particularly with those who are quite innocent of any literary attempt themselves, to speak in terms of disparagement of American editions of English works, we shall quote the concluding paragraph of the introduction to the last edition of the "Treatise on Infancy:"—"Here I cannot resist the opportunity of expressing my grateful acknowledgements to Dr. John Bell, of Philadelphia, for the time and trouble which, amidst many pressing avocations, he so kindly and disinterestedly bestowed, not merely in superintending the republication of this work in the U. S. but in enriching it with many valuable notes, for the purpose of adapting it more completely to the domestic habits and wants of the Transatlantic public. To Dr. Blicker, of

Copenhagen, I am also indebted for its appearance in a Danish translation."

The aim of Dr. Combe, in preparing these works, is well expressed in the following sentences, by the author himself. "In teaching dietetic rules and hygienic observances, therefore, the precepts delivered should be connected with and supported by constant references to the Physiological laws from which they are deduced. Thus viewed they come before the mind of the reader as the mandates of the Creator; and experience will soon prove, that by his appointment, health and enjoyment flow from obedience, and sickness and suffering from neglect and infringement of them." That he was entirely successful in his estimate, both of the importance of the subjects, and of the manner in which they are best taught, is shown by, not merely the wide circulation, but the careful study of his different treatises.

Dr. Combe and his elder brother, Mr. George Combe, with whom in this country he is often confounded, were among the leading members of the Edinburgh Phrenological Society, instituted in 1820. He contributed two essays to the volume of Transactions, published by that body in 1824, and subsequently wrote many valuable papers in the *Phrenological Journal*, which was commenced in 1823, and now extends to twenty volumes. In 1831, Dr. Combe published "Observations on Mental Derangement; being an application of the Principles of Phrenology to the Elucidation of the Causes, Symptoms, Nature, and Treatment of Insanity." This work has long been out of print; the infirm health of the author having, as he tells us, prevented him from devoting that attention to the treatment of insanity, and, consequently, of "doing that justice to the subject, which its latter progress and inherent importance imperatively demand." In the beginning of 1846, his strong conviction of the importance of phrenology to medical men, induced him to write, at the penalty of considerable fatigue, an "Address to the students of Anderson's University, Glasgow, at the opening of Dr. Weir's first course of lectures on Phrenology."* It was delivered to a crowded audience by his brother, (Mr. George Combe,) and subsequently appeared as a pamphlet. He also contributed several articles to the *British and Foreign Medical Review*, and was an occasional writer on medical and sanitary subjects in the columns

*Printed in the London Lancet, and in the Bulletin of Medical Sciences, edited by Dr. Bell.

of the *Scotsman*, a paper conducted with great ability and exerting no little political influence in North Britain.

From the biographical sketch of Dr. Combe, which appeared in the Scotsman of August 21, we extract the following characteristic traits of the deceased, in the accuracy of which we have full reliance. For ourselves we cannot boast of the advantage of much personal intercourse with Dr. Combe; but, even from the slight acquaintance with him which his few days' visit to Philadelphia, in the early part of the last summer, allowed us to make, we are prepared to adopt the opinions of his friend in the paper just referred to.

"The disease of Dr. Combe, will have taken no one who knew him by surprise, for he was for many years in that condition, with the loss entirely of one lung, which makes life a greater miracle than death; but it will not on this account be the less deplored, either as causing a blank in the circle of private friendship, or as the signification of a public loss. Dr. Combe belonged to that rare class of physicians who present professional knowledge in connection with the powers of a philosophical intellect, and yet, in practical matters, appear constantly under the guidance of a rich natural sagacity. All of his works are marked by a peculiar earnestness, lucidity and simplicity, characteristic of their author; they present hygienic principles with a clearness for which we have no parallel in medical literature. To this must be ascribed much of the extraordinary success they have met with, and on this quality undoubtedly rests no small share of their universally acknowledged utility. Those, however, who look below the surface will not fail to trace a deep philosophical spirit, as pervading these works, something arising from a perfect apprehension of, and a perfect allegiance to the natural rule of God in our being. It has been a guidance, one would almost say an inspiration, of the author, without ever carrying him for a moment where ordinary readers could not follow him. Here we think is the true though latent strength of Dr. Combe's popular writings, and that which will probably give them a long, enduring pre-eminence in their particular department. We always feel, in reading them, that we are listening to one of those whom nature has appointed to expound and declare her mysteries for the edification of her multitudinous family. In his own section of her priesthood, certainly few have stood in his grade, fewer still become his superiors.

"The personal character and private life of Dr. Combe formed a beautiful and harmonious commentary upon his writings. In the bosom of his family and the limited social cir-

cle to which his weakly health confined him, he was the same benignant and gentle being whom the world finds addressing it in these campositions. The same clear sagacious intelligence, the same entire right-mindedness, shone in his conversation. An answer to any query put to him, whether respecting profession or miscellaneous matters, was precisely like a passage of one of his books, earnest, direct and conclusive. Whatever measures he called upon others to do or to avoid, that he did, and that he avoided, in his own course of life; for doctrine, with him, was not to be treated as external to himself, but as the expression of a system of divine appointment, of which he was a part. To his rigid though unostentatious adherence to the natural laws which he explained, it was owing, that he sustained himself for many years in a certain measure of health and exemption from suffering, while laboring under the consumptive tendency which finally has cut short his career. On this point, there is the more reason to speak emphatically, when we reflect that the years thus redeemed from the grave were employed in that which will yet save many from premature death, as if it had been his aim to show the value of even the smallest remains of life and strength, and thus advance one of the principles dearest to humanity. It was not, however, in any of these respects that the character af Dr. Combe made its best impression, but in his perfect geniality and simplicity, and the untiring energy of his practical benevolence. Here resided the true charm of his nature, and that which made him the beloved of all who knew him. No irritability attended his infirm health; no jealousy did he feel regarding those whom superior strength enabled to outstrip him in the professional race. Kindly and cordially to all, he did not seem to feel as if he could have an enemy, and therefore we believe he never had one. It might almost be said that he was too gentle and unobtrusive—and so his friends, perhaps, would have thought him, had it not, on the other hand, appeared as the most befitting character of one who, they all knew, was not to be long spared to them, and on whom the hues of a brighter and more angelic being seemed already to be shed."

In a letter from a near relative of Dr. Combe, announcing the death of the latter, addressed to Dr. Bell, it is stated that Dr. C., after going to bed on the evening of the 2d of August, in his usual state of health, was seized with diarrhœa, under which, after ineffectual attempts to check it, he sank on the 9th of the same month. He had very little suffering, and his mind continued calm and cheerful to the last. Frequently,

he expressed his thankfulness that he was permitted to depart so easily. The immediate cause of his death was ascertained, in *post mortem* examination, to be a "chronic disease of the bowels, terminating in ulceration." "The left lung was wasted away and completely useless; the right nearly, or altogether entire." For years past Dr. Combe knew that his left lung was gone; his chest on that side had sunk in. We shall probably yet receive a more detailed account of the structural changes from Dr. John Scott, who was his professional attendant and friend.

Neuralgia—Tic Doloureux. The following case, which occurred in the practice of R. H. Alkanett, M. D., &c., is important and interesting, inasmuch as it throws light upon at least one occasional cause of an acutely painful and obstinate affection, so frequently perplexing to the routine practitioner, who relies for its removal on the reckless administration of inordinate doses of the most powerful and highly deleterious narcotics. "A gentleman called on me a fortnight ago, suffering from a severe tic of the trifacial nerve, which branches up on the cheek and forehead, and the paroxysms observed something like an irregular periodicity. His appetite was good, and the functions of the stomach were opparently uninjured; the liver secreted a due quantity of bile; the bowels acted with regularity; and nothing could be detected, after the most minute search, to account for the agonizing pain in the peripheral expansions of the sentient nerve. As is my custom, I placed him under a preliminary course of active purgatives, and the pain in the face, and indeed all the symptoms, were aggravated to a considerable extent. Disregarding this temporary manifestation, I urged upon him the necessity of continuing the aperients until the full effect should be produced: and this morning he informed me that, in the middle of the night, he had a most copious evacuation; undetected scyabalæ, in large quantities, had been ejected from the bowels: he immediately experienced an inexpressible feeling of relief, and the facial tic has totally disappeared.—*Lancet.*

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LOUISVILLE, NOVEMBER 1, 1847.

TRAVELING LETTERS FROM THE SENIOR EDITOR.

NUMBER FIVE.

TORONTO, September 13, 1847.

To My Colleagues:

GENTLEMEN: Since my last, closed at Montreal ten days ago, the difficulties I have encountered in procuring opportunities for conversation with the physicians of that city, Prescott, Kingston, and this place, have interfered with the wayside or collateral labor of picking up matters fitted for the *kind* of traveling letters I have undertaken to write. The cause of the difficulties to which I have referred is the great and incessant occupation of the physicians of those towns, from the diseases of the Irish immigrants and the people who are compelled to have intercourse with them—a reference to which leads me to add a few paragraphs to what I said in my last.

The immigrants, in ascending the St. Lawrence, keep mostly on the Canada side, not because they prefer to be deposited in the provinces—for that is not the fact—but for the reason, chiefly, that the municipal authorities of the American towns resist their introduction. This I find is commented upon in some of the newspapers with more severity than justice or consistency, for the people of Canada regard the influx of these *fellow subjects* as a great calamity, and are afraid to come near them lest they should contract the fever. Where then is the ground for blaming the people of a neighboring nation for seeking to keep them out? If they

were American paupers flying for relief from famine to Canada, it may be fairly presumed their ingress would be resisted; they would be told to look to their own country for food, and clothes, and shelter. Of the extent to which these are and will through the coming winter be furnished by the people and government of Canada, I cannot speak with precision; but all that I have seen indicates a commendable degree of consideration and humanity. When I was at Grosse Isle, one of the commissaries of supply informed me that the expenditures for that place alone were ten thousand dollars a week. When the ships arrive, all the passengers are landed, and the sick sent to the hospital sheds. After a few days, the well are sent on, nearly all at the public expense, to Quebec, and by the time they reach that city a new elimination of the sick has to be made; the others are then forwarded to Montreal, where another process of assorting is gone through, which has to be repeated even at Lachine, the port on the upper end of the island, whence they are to embark for more distant points. Of these the first is Kingston, at the head of the St. Lawrence, reached by a considerable voyage, on which many sicken even to death, and are landed by the way, especially at the intermediate town of Prescott, opposite Ogdensburg, in New York.

When, on the 7th instant, I visited the hospital sheds of that place (the same which had been erected for the Irish cholera patients in 1832), the physician, Dr. Scott, informed me that in the earlier periods of the epidemic the immigrants were sent from Montreal to Kingston in barges and schooners, where men, women and children were confined below deck, in the midst of all kinds of filth; and every vessel which came along threw upon him ten or twelve patients, some of whom would expire on the docks before he could transfer them to the sheds. Latterly, however, the transportation has been made in two small but swift steamers, and a much smaller number have sickened.

I may remark, *en passant*, that the treatment pursued by Dr. Scott, who is an experienced and respectable physician, differs considerably from that of his brethren lower down the river, as I sketched it in my last letter. Like them, he omits bloodletting, but is not afraid of emetics and cathartics. His general practice is to begin with a vomit of ipecac., and then to purge with calomel and jalap; after which he administers small doses of the mercurial until the mouth is touched. This will not happen in all cases, but when it does the patient recovers. For the intestinal irritation he gives opium alone, or combined with ipecac. and calomel. To remove topical affections, blisters are his favorite resource.

But I must return to the stream of immigration, which, continued to Kingston, requires another and more considerable depuration of the sick from the healthy. This is one of the points of the interior where many stop for permanent residence or dispersion into the country, and of course

the number congregated there is large. A still greater number, however, keep on to the city where I am now writing, for its connection with the country back from the lake is much greater than that of Kingston. By the time they reach this place, they are far from the quarantine ground, and some weeks have elapsed since their disembarkation, and still the number in the hospital sheds is large. The last considerable town to which they go is Hamilton, at the head of the lake, which I shall not have time to visit.

From Grosse Isle to Toronto, it has been observed that those who go among the sick are liable to be attacked, while mingling with the well does not occasion the fever. It has also been remarked, that when individuals or families have wandered into the country and sickened, they have caused the disease in those around them. These facts seem to leave no doubt as to the generation of contagion by morbid secretion during the fever, and constitute a broad distinction between it and yellow fever.

I must pass from patients to physicians, and give you a few pages on the profession and some of the hospitals and schools of Canada. Most of the medical gentlemen whom I have seen have been educated in Great Britain and Ireland—chiefly, I think, in Edinburg—and a plurality of them are Scotchmen. In point of education, they are, I believe, superior to a corresponding number of the physicians of the United States, taken indiscriminately. That they are also superior in energy and practical tact, I am not prepared to affirm. I think it probable that in point of attainment they do not differ so much from each other as the physicians of our country. My observations, however, have been made in the towns and cities of Canada, beyond which it may be that the profession is less respectable and more diversified. In Canada East there are many French (Gallo-Canadian) physicians. I have met with a few in the cities, and found them men of science; but the greater number are in the country among what is called the *Canadian* population, and I can say nothing of their qualifications and character from personal observation. Although I have placed our brethren of Canada rather before us in point of elementary acquirements in literature and science, I have found them on the same level as to recording, digesting and publishing their experience. I met with but few who were doing their duty in those respects. Through the kindness of Dr. Fremont, of Quebec, I was furnished with a copy of the *Journal de Médecine de Quebec*, edited in 1826 and 1827 by the late Dr. Xavier Tessier, translator of Bégin's Therapeutics. In turning it over, I find that it contains reviews and analecta much more than original contributions. A much later (indeed existing) periodical, the *British American Journal of Medical and Physical Science*, edited in Montreal by Professor Hall, presents, however, a better aspect, for it has a number of able correspondents. Still, as the editor himself informed me, the mass of the physicians

of Canada contribute nothing; and I have found, in my intercourse with those whom I have sought out, as in the United States, that the regular, faithful and discriminating registration of facts is practiced by a few only. As to the journal just mentioned, we shall hereafter receive it in exchange, and you will find that it is conducted with ability. Its editor, a gentleman of thorough education and great activity, is one of the professors in the medical school at Montreal; a reference to which leads me to say something on the provision made for the public education of young men in Canada. Its schools are three in number, two in the city just named, and one in that where I am now writing.

University of McGill College.— The institution bearing this unique title was founded by Mr. McGill, a wealthy and public spirited merchant of Montreal. The medical school is one of its departments. Its professors, from some technical necessity connected with the terms prescribed by the founder, are styled lecturers. They are ten in number, as follows: Anatomy, Dr. Bruneau, with Dr. Scott as Demonstrator; Surgery, Dr. Campbell; Institutes, Dr. McDonnell; Practice of Medicine, Dr. Holmes; Obstetrics, Dr. McCullough; Materia Medica and Therapeutics, Dr. Sewell; Chemistry, Dr. Hall; Clinical Medicine and Surgery, Dr. Crawford; Forensic Medicine, Dr. Fraser; Botany, Dr. Papineau. Of these the first seven lecture five times a week, the eighth twice, and the last two lecture only in the summer. Throughout the winter session, the lectures commence at 8, a. m., and, with an intermission of an hour, continue till 5, p. m. The clinical lectures are twice a week. The winter session extends from the beginning of November till the end of April, six months; the summer session commences in May, and runs through three months. One course on the institutes, medical jurisprudence, botany and practical anatomy, and two courses on all the other branches, are necessary to graduation. Before a student can be admitted to an examination, he must adduce evidence of regular attendance on the lectures, as ascertained by occasional calls of a roll; of having attended on the practice in a hospital for a year; of being twenty-one years old, and of having studied three years. The examination begins with an inquiry into his classical attainments, then comes another into his medical acquirements, conducted for an hour in private, and, finally, a defence of his thesis in public. Now, I think you will concur with me in pronouncing these requisites not only proper, but higher than those of the schools of our own country. For myself, I specially approve of the long sessions, the demand for preliminary learning, and the exacted attendance on the lectures.

School of Medicine and Surgery.—This institution is, I believe

the junior of the one just described. The lectureships are Anatomy and Physiology, Dr. Nelson; Surgery, Dr. Munro; Pathology, Dr. Badgely; Materia Medica and Therapeutics, Dr. Bibaud; Obstetrics and Diseases of Women and Children, Dr. Arnoldi; Chemistry and Pharmacy, Dr. Sutherland; Practical Anatomy, Dr. Regnier. By its charter this school has not the authority to confer degrees, but by a recent arrangement the University of McGill College graduates its pupils, most of whom are Canadian French, and the lectures are exclusively in that language, as those of the other institution are entirely in the English tongue. Till this desirable compromise was effected, the professors of both schools had, I believe, to deliver their lectures in both languages. The session of this school is like that of the other, six months, and the number of lectures by each professor the same.

Medical Department of King's College, Toronto.—I have not *materiel* for a notice of this school, as from their engagements I have been unsuccessful in my efforts to see its professors, and have none of its publications.

Hospitals.—Quebec is well provided with these charitable institutions. Its *Hotel Dieu* is the oldest hospital in North America, (except such as may be in Mexico) having been founded in 1637, by the Duchess d'Aiguillon, of France, and placed under the care of several nuns sent out for that purpose. Its buildings are of sufficient extent to accommodate fifty patients, and the wards are kept in excellent order.

The *General Hospital* was established by the Catholic Bishop of Quebec in 1693, is under the direction of an ecclesiastic and a number of nuns. It is rather an asylum for the old, the incurable, and the insane, than a hospital for the sick.

Marine Hospital.—This establishment was founded by the Canadian government, and opened for patients in 1834. It was designed for the reception of seamen and immigrants, and its funds are chiefly derived from a tax on vessels arriving, and on immigrants. It has a lecture and operating room, a museum and a library. The money received from students is applied to the purchase of books. When I visited it, I found all the wards crowded with fever patients, while hundreds were accommodated in surrounding sheds.

In addition to these, Drs. Morrin and Douglas, two of the most enterprising physicians of the city, have established a *private lunatic asylum*, which is, I believe, under the immediate care of Dr. Fremont.

In Montreal there are three charitable establishments for the sick and infirm which deserve notice:

1. *Gray Nunnery, or General Hospital of the Charitable Sisters*, founded

* Guide to Quebec.

by charity in 1692. Its object was and still is to provide permanent support and comforts for lame, infirm and superannuated persons who are destitute of means and friends. In the United States we have not, I think, an institution precisely of the same kind, for our county poor-houses should not be placed on the elevated level of this charity, and I must therefore say a word on its history. At the end of fifty-five years, it had expanded so little that it had but six inmates, its revenues were small, its debts great, and its building in a ruinous condition. From this desolation it was redeemed by the benevolent enterprise of *woman*. Miss Duffort, the daughter of a cavalry officer, married a Canadian gentleman, M. De Youville, and was left a widow at the age of twenty-eight, with a competent patrimonial estate. She resolved to devote herself to charitable objects, and meeting with some other ladies whose minds were congenial with her own, they agreed in 1737 to unite in works of charity, to live by their industry, and place their revenues in a common fund. Ten years afterwards, the establishment, in the condition just described, was transferred to them. I shall not follow them through their labors of love; suffice it to say, that at the present time, one hundred and sixty individuals are accommodated within its walls. Thus it is that woman comes to the relief of those whom our skill cannot preserve from infirmity.

2. The *Hotel Dieu* was founded in 1644, by Madame Bouillon, for the reception of the sick and diseased poor of both sexes, and up to the year 1822 was the principal place of relief for such patients. It formerly received some assistance from the French government, and latterly the provincial parliament made occasional grants for its support. It is managed by a superior and a body of nuns.

3. *General Hospital.*—Soon after the close of the last war between Great Britain and the United States, there was a great influx of poor immigrants from England, Scotland and Ireland into Montreal, which led to the formation of what was called the *Ladies' Benevolent Society*, designed expressly for their relief. From this humble yet honorable beginning arose the Montreal General Hospital. Thus all the establishments for the support and relief of the infirm poor, in that city, had their origin and impulse from that sex which is the first and last to care for the afflicted. In its progress, men of wealth came to the support of the enterprise, among whom, as standing preeminent, I may mention the Hon. John Richardson, whose name is with great justice attached to a wing of the edifice. The whole building includes nineteen wards, and has beds for a hundred and sixty patients. It is here that the students of the Montreal medical schools study clinical medicine. I visited the wards with Professor Hall, and found the medical and surgical patients mingled. The whole of *both sexes* were nursed by females

* Picture of Montreal.

Of the hospitals of Kingston and this city I cannot speak, not having had time to visit them, nor opportunity for acquiring a knowledge of their history and condition. I may state, however, that Toronto is the site of a public Asylum for the Insane. Hitherto they have been kept in temporary buildings, but the Canadian government, in great part from the persevering exertions of Dr. Rees, is now erecting, two miles west of the city, a capacious and magnificient edifice, which, when completed, will do honor to the province.

As we know so little of the medical profession in Canada—of its societies, of the legislation for promoting its interests, and of the associations for advancing the study of natural science, in which physicians bear so large a part—I should be tempted, had I time and the requisite information, to extend this letter much beyond the limits I have reached. On all the points to which I have referrred, our brethren of this region are much in advance of what we suppose. We ought to know more of them, and they of us. We are all European colonists from the same mother countries, and if *our political* leading strings have been severed while theirs remain, we continue in matters of literature and science to look to the other side of the great water almost as dependently as they. Then why should we not turn our faces and our hearts more inquiringly and favorably towards each other? The great lakes are common to both, and our vessels pass and repass each other every day; the physician on the banks of the St. Lawrence, when he mounts his horse to visit the sick, sees his neighbor of the opposite bank depart on the same errand; the limestone of Tennessee, Kentucky, Indiana, Ohio and New York reappears in final outcrop in Canada; the same laws of climate prevail on both sides of the boundary line, which, instead of being a mountain range, is a valley; finally, the autumnal endemics of *our* country have their feathering-out in this. These facts, it seems to me, call loudly for a more enlarged and intimate intercourse; and should what I have written contribute in the slightest degree to promote it, I shall feel that I have done some good.

Respectfully, your friend and colleague, D.

In the Medical Examiner for October we find the following list of appointments recently made in the medical institutions in this country. Some time since, on the authority of an eastern publication, we announced the election of Professor Henry, of Princeton, to the chair of Chemistry in the University of Pennsylvania, but the announcement seems to have been incorrect. A better appointment, we may remark in passing, it would not have been in the power of the trustees easily to have made.

Prof. Henry would confer distinction upon any institution of the country. Dr. Rogers, too, is well known as an able practical chemist and eloquent lecturer. Those who were connected with him in the Cincinnati Medical College speak of him in most cordial terms, and he carries with him into his new sphere of labor the admiration of a large body of pupils.

University of Pennsylvania.—James B. Rogers, M.D., Professor of Chemistry, vice Professor Hare, resigned.

Ohio Medical College.—Professor L. M. Lawson, of the University of Transylvania, Professsor of Materia Medica, vice Prof. Harrison, transferred to the chair of Theory and Practice of Medicine.

Hampden Sidney College.—Charles Bell Gibson, M.D., Professor of Surgery, vice Prof. Warner, deceased.

University of New York.—Prof. S. H. Dickson, of the Medical College of South Carolina, Professor of Theory and Practice, vice Prof. Revere, deceased.

College of Physicians and Surgeons of the City of New York.—Prof. Alonzo Clark, of Pittsfield, Lecturer on Physiology and Pathology.

Medical College of South Carolina.—Dr. Bellinger, Professor of Surgery, in the place of Prof. Geddings, transferred to the chair of Practice, vice Dr. Dickson, resigned.

Philadelphia College of Medicine.—Henry Gibbons, M.D., Professor of Institutes and Practice of Medicine, vice Prof. Thos. D. Mitchell, resigned; D. P. Gardiner, M.D., Professor of Chemistry, vice Prof. Allen, resigned; Louis H. Beatty, M.D., Professor of Obstetrics.

Hampden Sidney College and University of Virginia.—Prof. Cabell, whose appointment to the chair of Surgery in Hampden Sidney College was recently announced, declines the appointment, and retains his connection with the University of Virginia.

OHIO MEDICAL CONVENTION.

The proceedings of the Medical Convention of Ohio, held at Columbus, in May last, have been issued in a pamphlet of fifty-nine pages. Among these are several papers of interest read by members on various professional subjects. Our friend and valued correspondent, Dr. Dawson, of Jamestown, is the author of one on *puerperal fever*, from which we propose making some extracts in our next number. The style in which this pamphlet has been executed by the printers is not worthy of the matter contained in it. Typographical errors of the most glaring kind strike one on almost every page.

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MEDICINE AND SURGERY.

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CONTENTS

OF NO. VI.

ORIGINAL COMMUNICATIONS.

ESSAYS AND CASES.

ART. I.—Notes on Medical Matters and Medical Men in Paris. By DAVID W. YANDELL, M.D., of Louisville, Ky. 463

ART. II.—Clinical Cases. Reported by BENJ. F. WENDEL, M.D....479

ART. III.—A Case of Four Children at a Birth, complicated with Hemorrhage. By JOHN H. DONNELL, Student of Medicine in the University of Louisville.....483

ART. IV.—Removal of a large Scrotal Tumor. By LEWIS A. SAYRE, M.D., of New York.....485

ART. V.—Cases. By Dr. T. C. OSBORNE, of Erie, Ala.....487

ART. VI.—Pseudo-Membranous Cynanche Trachealis, following Scarlatina Simplex. By Dr. M. H. FEE, Hiltonsville, Ia....493

BIBLIOGRAPHICAL NOTICES.

ART. VII.—Lectures on Natural and Difficult Parturition. By EDWARD WILLIAM MURPHY, A.M., M.D., Professor of Midwifery, University College, London; Obstetric Physician, University College Hospital; and formerly Assistant Physician to the Dublin Lying-in Hospital. New York: S. S. and William Wood.....497

SELECTIONS FROM AMERICAN AND FOREIGN JOURNALS.

Puerperal Fever.....511

Nature of Intestinal Secretions in Cholera.....515

Sketch of Burmah and Medical Science among the Burmese.....515

Diamond Converted into Coke 529

Medical Heroism.....530
Report on the Influence of Light on the Growth of Plants.....534
Lectures of M. Agassiz in New York.....535
Case of Delirium Tremens treated by Inhalation of Ether, at the Seamen's Retreat, Staten Island.....537
On some recent and remarkable Examples of the Protection afforded by Metallic Conductors against heavy Strokes of Lightning.....539
On the Time required to produce Death by a fatal dose of Medicinal Hydrocyanic Acid.....540
Sulphur Rains.....544
Ledoyen's Disinfecting Fluid.....545

ORIGINAL INTELLIGENCE.

To Subscribers, Readers, and Contributors.....547
Proposed Treatise on Typhoid and Typhus Fever.....548
Epidemic Cholera.....549
Alleged Extirpation of the Liver.....549
University of Louisville.....550
Books Received.....550
Odd Numbers Wanted.....550